WATER INTERCONNECTOR PERMIT

201964

Sparco
BRAND

FILE FOLDERS
LETTER SIZE—SP111

Manufactured in the U.S.A.
for S.P.Richards Co., Atlanta, GA

New Jersey Department of Environmental Protection
Bureau of Nonpoint Pollution Control
Division of Water Quality

CN-029
Trenton, New Jersey 08625-029
(609) 633-7021

AUTHORIZATION TO DISCHARGE STORMWATER TO SURFACE WATER

Facility Name: ALFRED HELLER HEAT TREATING CO

SWG:A-019964

Facility Address: 5 WELLINGTON ST

NJ0132012

CLIFTON, NJ

SIC Code: 3398

Type of Industrial Activity: METAL HEAT TREATING

	Owner:	Operator:
Name:	ALFRED HELLER HEAT TREATING C	AFRED HELLER HEAT TREATMENT C
Legal Address:	5 WELLINGTON ST	5 WELLINGTON ST
	CLIFTON, NJ 07011-0330	CLIFTON, NJ 07011-0330

EFFECTIVE DATE: 2/24/98 **EXPIRATION DATE:** 1/31/2002

Your Request for Authorization under NJPDES General Permit No. NJ0088315 has been approved by the New Jersey Department of Environmental Protection.

Date: 2/24/98

Barry Chalofsky, P.P., Chief
Bureau of Nonpoint Pollution Control
New Jersey Department of Environmental Protection

STRAIGHT BILL OF LADING–SHORT FORM–ORIGINAL–NOT NEGOTIABLE

DESIGNATE WITH AN (X)
BY TRUCK ☐ FREIGHT ☐

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of issue of this Bill of Lading.

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that any service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment. **Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.**

From ALFRED HELLER HEAT TREATING CO.
At 5 Wellington Street
Clifton, NJ 07011

DATE 1/8/02

SHIPPER'S NO.

CARRIER ↓

CARRIER'S NO.

BY

CONSIGNEE AND DESTINATION

KIC CHEMICALS, INC.
451 MAIN STREET
ARMONK, N.Y. 10504

ROUTE

DELIVERING CARRIER

CAR OR VEHICLE INITIALS & NO.

NO. PACKAGES	+ HM	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	ERG #	*WEIGHT (SUBJECT-TO CORR.)	CLASS OR RATE	✓
5		55 Gals drums n-propyl bromide		1,250 KGS net		
		UN. 2344				
		PG III				
		Haz CLASS 3.3.				
		Recycle through Novick Chemical				

New Century Trans (NCTA)
PRO 2235385

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Per _____
(Signature of Consignor)

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $_____
to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid).

Charges Advanced:
$ _____

PLACARDS SUPPLIED ☐ YES ☐ NO

DRIVER'S SIGNATURE

EMERGENCY RESPONSE PHONE NO.

SHIPPERS CERTIFICATION: This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SIGNATURE _____ TITLE _____

* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight".
† Shipper's imprints in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.
Note – Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____

C.O.D. SHIPMENT
C.O.D. Amt _____
Collection Fee _____
Total Charges _____

THIS SHIPMENT IS CORRECTLY DESCRIBED.

CORRECT WEIGHT IS _____ LBS.

†The fibre boxes used for this shipment conform to the specifications set forth in the box makers certificate thereon, and all other requirements of the Consolidated Freight Classification.

Per _____ Shipper

ALFRED HELLER HEAT TREATING CO.
5 Wellington Street • Clifton, NJ 07011

Shipper, Per New Century Trans 5 Drums

Agent, Per Don Kerr 1-8-02

Permanent post-office address of shipper

CONRAIL PROPERTY

WELLINGTON STREET

NEW JERSEY STATE HIGHWAY ROUTE 46

30,000 GAL. PROPANE
Propane Storage Area

EMPTY TANK
EMPTY TANK
CONCRETE SLAB
1 2 3
Empty Storage Tank Area

SCRAP BELT AND BASKET STORAGE

AMMONIA
Ammonia Storage Area

METHANOL
Methanol Storage Area

Bldg.4 Furnace Area

CLOSED METHANOL (U.S.T.)

Propane Fill Area
FILL STATION FOR PROPANE

HV

Bldg.1 Maint. Area

s.d.

Bldg.1 Vapor Degreser Area

Bldg.4 Pit Furnace Area

Bldg.2 Shipping/ Receiving

2000GAL H20

Bldg. 1 General Heat Treating Operations Area

PS

Office Building

FURNACE (UNDER TARP)

OIL COOLERS

50HP WELL

EMPTY (A.S.T.)

BAG HOUSE

Bldg.1 Blasting Area

MISC. EQUIP. STORAGE

EMPTY TOTES

4000GAL. H20

EMPTY DRUM STORAGE

BAG HOUSE

EMPTY DRUM STORAGE

PAVED SIDEWALK

DUMPSTER

DUMPSTER

MISC. EQUIPMENT STORAGE

MISC. EQUIPMENT STORAGE

Bldg.5 Small Plating Line Area

Bldg.5 Chemical Storage Area (Second Floor)

Bldg.5 Painting Line

EMPTY DRUM STORAGE

ACID STORAGE

EQUIPMENT STORAGE BLDG.

EMPTY DRUM STORAGE

Bldg.2 Austemper Lines

CONCRETE PAD

COMPACTOR

BUILDING

Bldg. 5 Dewatering Area

Bldg.5 Big Plating Line Area

Bldg.5 Phosphate Line Area

Bldg.6 WWTP Area

TOTE STORAGE

FURNACES (UNDER TARP)

Miscellaneous Equipment Storage Yard

SLUDGE CAKE DUMPSTER

Bldg.3 Austemper Line

TRASH DUMPSTER

PARTS/TOTES STORAGE

GETTY AVE.

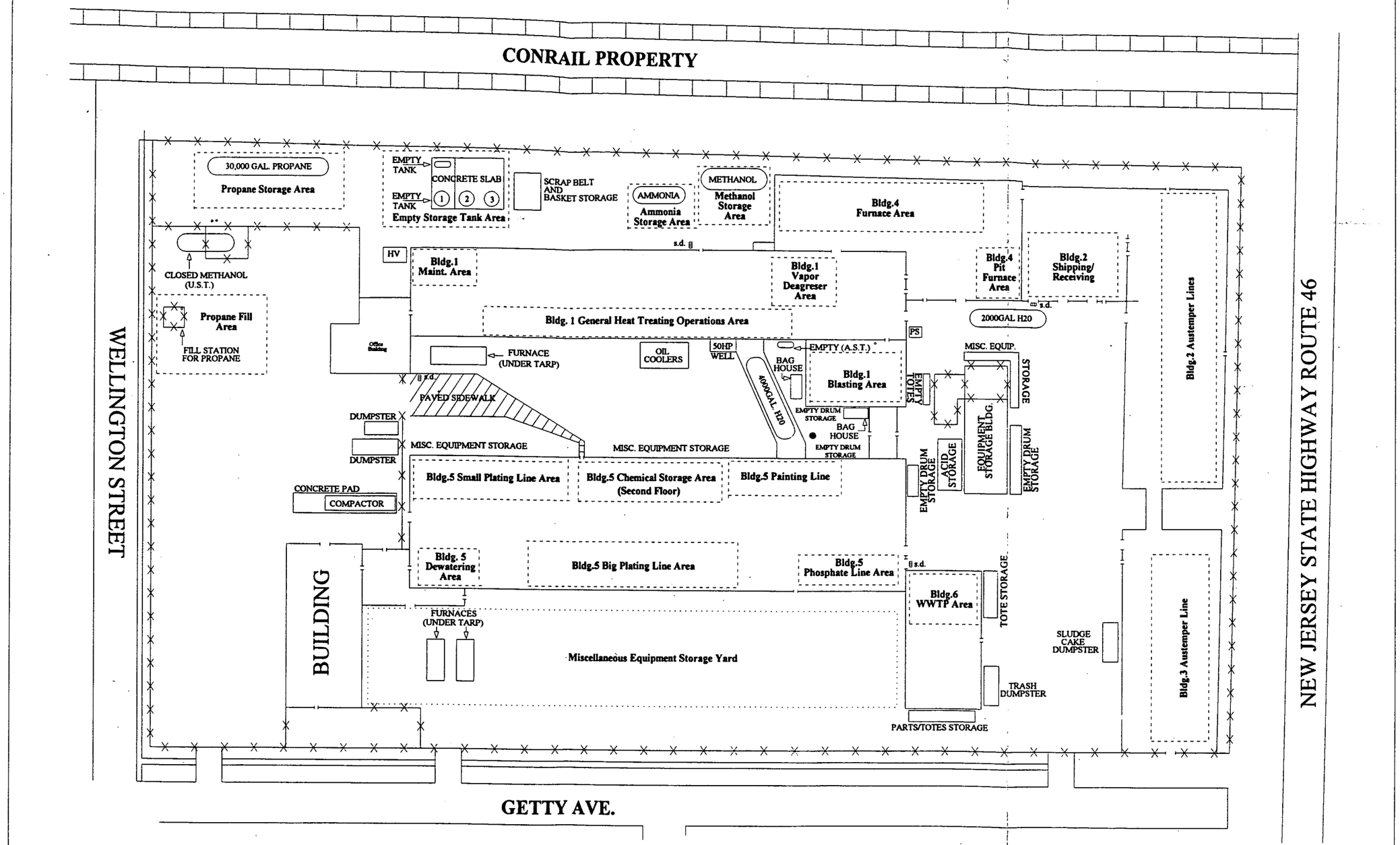
Alfred Heller Heat Treating
Clifton, NJ

Title

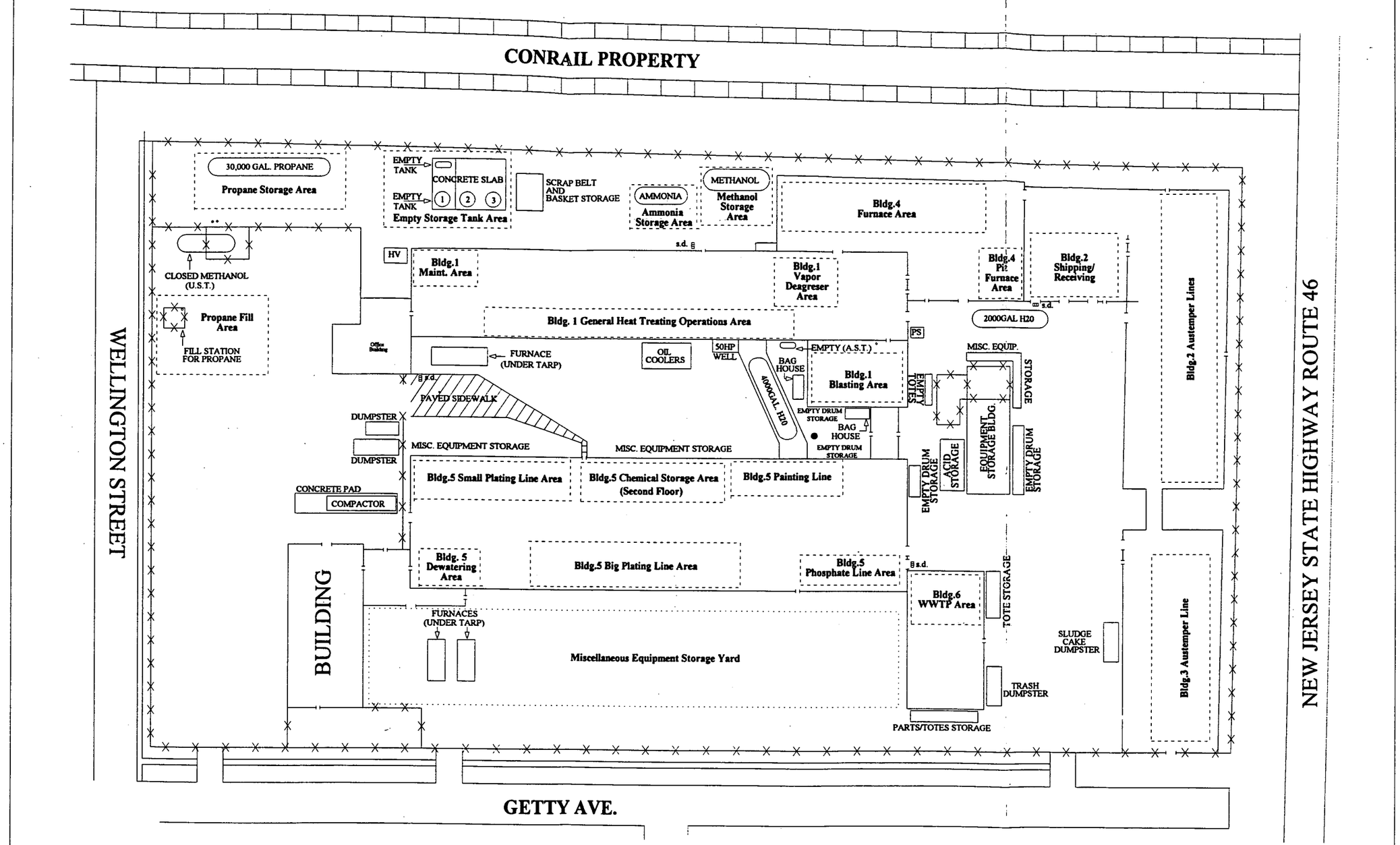
Facility Site Map

JUNKINS ENGINEERING, INC. JE

Drawn By: D.R.J Date: 2/17/00Rev. 0



Alfred Heller Heat Treating Clifton, NJ	
Title	
Facility Site Map	
JUNKINS ENGINEERING, INC.	JE
Drawn By: D.R.J Date: 2/17/00Rev. 0	



Alfred Heller Heat Treating Clifton, NJ	
Title	
Facility Site Map	
JUNKINS ENGINEERING, INC. JE	Drawn By: D.R.J Date: 2/17/00Rev. 0

Quarterly Physical Connection Test & Maintenance Report

1st ☐ Quarter 4/1-6/30 | 2nd ☐ Quarter 7/1-9/30 | 3rd ☐ Quarter 10/1-12/31 | 4th ☐ Quarter 1/1-3/31

Physical Connection Permit No. 495

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 Days of each test & Inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

Date of Test 9/21/07

To: _____

From: (Name of Permit Holder) _____

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer of Valve Watts

Model Number 909 RPZ ☑ DCVA ☐

Serial Number 432159 Size 2" in.

Location of Valve

Alfred Heller Heat Treating
5 Wellington St Clifton NJ
Building 1 07015

Comments & Notations _____

	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
	1ST Check	2nd Check	Relief Valve	1ST Check	2ND Check
Initial Test Passed ☐ Failed ☐	Closed Tight ☑ at 8 psid Leaked ☐	Closed Tight ☑ at 7 psid Leaked ☐	Opened at 3 psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
	No. 2 Shut-off Valve Closed Tight ☐ Leaked ☐ By-pass used ☐				
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ _____psid	Closed Tight ☐ _____psid	Opened at____psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True.

Certified Testers Name Patrick Burke

Certified Testers Signature Patrick Burke

Certifying Authority NEWWA

Cert. ID# 6824 Expiration Date 11/31/09

Witnesses to test & Inspection

Name Jim Montgomery Title SWR

Representing Passaic Valley Water Comm

Name _____ Title _____

Representing _____

Quarterly Physical Connection Test & Maintenance Report

1st ☐ Quarter 4/1-6/30 | 2nd ☑ Quarter 7/1-9/30 | 3rd ☐ Quarter 10/1-12/31 | 4th ☐ Quarter 1/1-3/31

Physical Connection Permit No. 495

Date of Test 9/21/07

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 Days of each test & Inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

To: _____

From: (Name of Permit Holder)

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer of Valve WATTS

Model Number 009 RPZ ☑ DCVA ☐

Serial Number 138799 Size 2" in.

Location of Valve

ALFRED Heller HEAT TREATING
5 WELLINGTON ST CLIFTON NJ
BUILDING 2 07015

Comments & Notations _____

	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
	1ST Check	2nd Check	Relief Valve	1ST Check	2ND Check
Initial Test Passed ☐ Failed ☐	Closed Tight ☑ at 8 psid Leaked ☐ No. 2 Shut-off Valve Closed Tight ☐ Leaked ☐ By-pass used ☐	Closed Tight ☐ at _____ psid Leaked ☐	Opened at 3 psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ _____ psid	Closed Tight ☐ _____ psid	Opened at _____ psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True.

Certified Testers Name PATRICK BURKE

Certified Testers Signature Patrick Burke

Certifying Authority NEWWA

Cert. ID# 684 Expiration Date 11/31/09

Witnesses to test & Inspection

Name Jim MONTGOMERY Title SUPT

Representing PASSAIC VALLEY WATER COMM

Name _____ Title _____

Representing _____

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
☐	☐	☐	☐
04/01-06/30	07/01-09/30	10/01-12/31	01/01-03/31

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, **and are to be submitted with the Physical Connection Renewal Application.**

Date of test ___/___/___

To:

_____

_____

_____

_____

From: (Name of Permit Holder)

Bogdan Marinescu, Plant Engineer
Alfred Heller Heat Treating Company
P.O. Box 330, 5 Wellington Street
Clifton, NJ 07014

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer: _____ ☐RPZ ☐DCVA

Model Number: _____ Size: _____in.

Serial Number: _____

Location of Valve

_____

_____

_____

Comments and Notations: _____

_____

	PRESSURE TEST REDUCED PRESSURE ZONE ASSEMBLY DOUBLE CHECK VALVE			INTERNAL INSPECTION DOUBLE CHECK VALVE ASSEMBLY	
	1st Check	2nd Check	Relief Valve	1st Check	2nd Check
Initial Test Passed ☐ Failed ☐	Closed Tight ☐ at _____ psid Leaked ☐ No. 2 Shut-off Valve Closed Tight ☐ Leaked ☐ By-pass Used ☐	Closed Tight ☐ at _____ psid Leaked ☐	Opened at _____ psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ _____ psid	Closed Tight ☐ _____ psid	Opened at _____ psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True

Certified Testers Name: _____

Certified Testers Signature: _____

Certifying Authority: _____

Cert. ID #: _____ Exp. Date: ___/___/___

Witnesses to test and inspection

Name: _____ Title: _____

Representing: _____

Name: _____ Title: _____

Representing: _____

State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

JON S. CORZINE
Governor

LISA P. JACKSON
Commissioner

Division of Water Supply - Water Supply Permitting Element
Bureau of Water Systems and Well Permitting
401 E. State Street - P.O. Box 426
Trenton, New Jersey 08625-0426
Tel #: (609) 984-6831 - Fax #: (609) 633-1495
http://www.state.nj.us/dep/watersupply/

June 29, 2007

Bogdan Marinescu, Plant Engineer
Alfred Heller Heat Treating Company
P.O. Box 330, 5 Wellington Street
Clifton, New Jersey 07014

JUL - 9 2007

Re: Physical Connection Permit No.: 0495-WPC070001

Dear Mr. Marinescu:

Enclosed is your Renewed Physical Connection Permit which is being issued by this Department in accordance with the provisions of N.J.S.A. 58:12A-1 et seq., N.J.S.A. 58:11-9.1 et. seq., and N.J.A.C. 7:10-10.1 et. seq.

Your attention is particularly drawn to the expiration date and to the conditions with which you must comply before the next renewal can be effected. In connection with this, we direct you to make immediate arrangements with supplier of water and the local administrative authority to witness the pressure test every three months and annual internal inspection and/or make arrangements with a certified tester who holds a valid backflow prevention device testers certificate, issued by a certifying agency approved by the Department, to perform these tests and inspections. A list of testers is available upon request.

To facilitate your recording the results of these tests and inspections, we are also enclosing the Renewal Application Form and a copy of the Quarterly Test and Maintenance Report form, which must be completed quarterly for each test of each valve. The Renewal Application and test certificates must be submitted to the NJDEP Division of Water Supply, Bureau of Water Systems and Well Permitting prior to the expiry of this permit.

If additional forms are required, they are also available through our web site at www.state.nj.us/dep/watersupply. Prior to the expiration date of this permit the Department will send a Physical Connection Renewal Fee Invoice, which upon receipt please remit payment to the NJ Treasury, Division of Revenue. If you have any questions, you may call Anthony Adamo at (609) 984-6831.

Sincerely,

Steven Pudney
Supervising Environmental Engineer
Bureau of Water Systems and Well Permitting

Enclosures:
cc: Passaic Valley Water Commission {PWSID No. NJ1615002}
Clifton Board of Health
NJEMS\sd_phys_connect_permit

Test Procedure for Backflow Preventer Valve Assembly
Set Up Procedure for Testing

1. Verify that upstream shut-off valve No. 1 is open, and there is water pressure. Close downstream shut-off valve No. 2. **Note for Reduced Pressure Zone Valves:** *A discharge from the relief port indicates a leaking No. 1 check valve. If there is no discharge No. 1 check can be assumed to be holding tight.*
2. Flush test cocks Nos. 2, 3 & 4.
3. Close Test Kit high valve (A) and low valve (B), leave vent valve (C) open.

Reduced Pressure Zone Valve Assembly Test

A) Test the **first check valve** for tightness at a minimum of 5 PSID of static pressure:
1. Connect high-pressure hose to test cock #2.
2. Connect low-pressure hose to test cock #3.
3. Open test cocks #2 & #3.
4. Open test kit high valve (A) and bleed air and water through vent hose… Close high valve (A).
5. Open test kit low valve (B) and bleed air and water through vent hose… Close low valve (B) Slowly.
6. Observe stable differential pressure on gauge and record on test form. (Must be 5 PSID Minimum)

B) Test the **second check valve** for tightness against backpressure:
1. Connect vent hose to test cock #4.
2. Open test cock #4.
3. Open test kit high valve (A)… **Slowly**.
4. Observe gauge and record on test form. Second check is tight if differential pressure drops slightly and holds steady. If pressure continues to drop until relief port discharges second check is leaking.

C) Test **No. 2 shut-off valve** for tightness:
1. Close test cock #2.
2. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

Note: If No. 2 shut-off valve is leaking tests **A & B are invalid**; since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.

D) Test the operation of the **differential pressure relief valve:** Relief valve must open at a minimum of 2PSID below inlet.
1. Open test cock #2, test kit high valve (A) shall remain open and close test kit vent valve (C).
2. **Slowly** open the test kit low valve (B) until the differential pressure begins to fall… **Slowly.**
3. Observe the relief valve port for the first discharge of water and record the pressure differential on the gauge at this point on the form.

Double Check Valve Assembly Test

A) Test the **first check valve** for a minimum of 1 PSID of static pressure drop:
1. Connect high-pressure hose to test cock #2.
2. Connect low-pressure hose to test cock #3.
3. Open test cocks #2 & #3.
4. Open test kit high valve (A) and bleed air and water through vent hose… Close high valve (A).
5. Open test kit low valve (B) and bleed air and water through vent hose… Close low valve (B) **Slowly**.
6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)

B) Test the **second check valve** for a minimum of 1 PSID static pressure drop: (close test cocks #2 & #3 and remove high & low-pressure hoses)
1. Connect high-pressure hose to test cock #3.
2. Connect low-pressure hose to test cock #4.
3. Open test cocks #3 & #4.
4. Open test kit high valve (A) and bleed air and water through vent hose… Close high valve (A).
5. Open test kit low valve (B) and bleed air and water through vent hose… Close low valve (B) **Slowly**.
6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)

C) Test **No. 2 shut-off valve** for tightness:
1. Repeat procedure for test A.
2. Connect vent hose to test cock #4.
3. Open test cock #4.
4. Open test kit high valve (A) **Slowly**.
5. Close test cock #2.
6. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

Note: If No. 2 shut-off valve is leaking tests **A & B are invalid;** since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.

Permit Requirements

Submittal/Action Requirements

Applicable Subject Items	Submittal/Action Type	Requirement
0495, Physical Connection Valve SI (WSPC75)	Submit renewal application and quarterly monitoring reports	Prior to expiration of Physical Connection Permit. [N.J.A.C. 7:10-10]

Text Requirements

All Phases

0495, Physical Connection Valve SI (WSPC75)

1. GENERAL PERMIT CONDITIONS.
2. The permit is revocable, or subject to modification or change, at any time, when in the judgement of the New Jersey Department of Environmental Protection such revocation, modification or change shall be necessary. [N.J.A.C. 7:10-10]
3. The issuance of this permit shall not be deemed to affect in any way action by the New Jersey Department of Environmental Protection on any future application.
4. The works, facilities and/or activities shown by plans and/or other engineering data, which are this day approved, subject to the conditions herewith established, shall be constructed and/ or executed in conformity with such plans and/ or engineering data and said conditions. [N.J.A.C. 7:10-10]
5. The granting of this permit shall not be construed in any way to affect the title or ownership of property, and shall not make the New Jersey Department of Environmental Protection or the State a party in any suit or question of ownership of property.
6. This permit does not waive the obtaining of Federal or other State or local Government consent when necessary. This permit is not valid and no work shall be undertaken until such time as all other required approvals and permits have been obtained.
7. In the examination of plans and/ or other engineering data, the New Jersey Department of Environmental Protection does not examine the structural features of the design, such as thickness of concrete or its reinforcement, the efficiency of any electrical or mechanical equipment or apparatus; and the approval herewith given does not include these features. [N.J.A.C. 7:10-10]
8. SPECIFIC PERMIT CONDITIONS.
9. For this permit to remain valid, each physical connection installation backflow prevention valve listed on this permit shall be inspected and tested for tightness under prevailing pressure conditions at least once every three months pursuant to N.J.A.C. 7:10-10.6(a)1. [N.J.A.C. 7:10-10]
10. For this permit to remain valid, each physical connection installation backflow prevention valve listed on this permit shall be dismantled and internally inspected annually within six months prior to the submission of an application for permit renewal pursuant to N.J.A.C. 7:10-10.5(b). After reassembly, the owner of the facility shall have the backflow prevention device tested for tightness to ensure integrity of the device. An internal inspection shall consist of the dismantling of a double check valve assembly or reduced pressure zone backflow preventer assembly to visually inspect the integrity of the internal mechanism including the clappers, discs, springs and facing rings pursuant to N.J.A.C. 7:10-10.6(a)2. [N.J.A.C. 7:10-10]
11. The Department shall approve a reduction in the frequency of the pressure tests conducted pursuant to N.J.A.C. 7:10-10.6(a)1 if the owner of the facility in which the physical connection is located demonstrates to the Department that the facility is not in operation during any time in a calendar year pursuant to N.J.A.C. 7:10-10.6(a)3. [N.J.A.C. 7:10-10]
12. A reduced pressure zone backflow preventer assembly shall not be subject to the internal inspection requirements of N.J.A.C. 7:10-10.6(a)2 above except for routine maintenance as specified by the manufacturer, or for investigation of a malfunction, or as specifically required by the supplier of water. [N.J.A.C. 7:10-10]

Text Requirements

All Phases

0495, Physical Connection Valve SI (WSPC75)

13. For this permit to remain valid, the inspections and testing required pursuant to N.J.A.C. 7:10-10.6(a) shall be conducted by an authorized representative of the owner of the facility where the backflow prevention device is installed in the presence of an authorized representative of the administrative authority and/or the supplier of water, or by a certified tester who holds a valid backflow prevention device testers certificate issued by a certifying agency approved by the Department pursuant to N.J.A.C. 7:10-10.8. [N.J.A.C. 7:10-10]
14. No administrative change to an existing Physical Connection Permit shall be made without notifying the New Jersey Department of Environmental Protection within 14 days of such change pursuant to N.J.A.C. 7:10-10.7(a). [N.J.A.C. 7:10-10]
15. No modification to an approved physical connection installation listed in N.J.A.C. 7:10-10.7(b) shall be made prior to submitting a written request to the Department. [N.J.A.C. 7:10-10]
16. No modification to an approved physical connection installation listed in N.J.A.C. 7:10-10.7(b) shall be made prior to submitting an application to modify an existing physical connection permit pursuant to N.J.A.C. 7:10-10.7(c) except as provided in N.J.A.C. 7:10-10.7(d). [N.J.A.C. 7:10-10]
17. A copy of this Permit and records of at least one (1) year past pressure tests, maintenance and annual internal inspections on the Quarterly Test and Maintenance shall be kept at the facility, and shall be exhibited upon request of Department Personnel. [N.J.A.C. 7:10-10]
18. Upon completion of each test and inspection, the owner of the facility shall have the results and certifications of those present recorded on the Quarterly Test and Maintenance Report Form, and shall mail copies to the local administrative authority and supplier of water within 5 days of the test. [N.J.A.C. 7:10-10]

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION

JON S. CORZINE
Governor

LISA P. JACKSON
Commissioner

Division of Water Supply - Water Supply Permitting Element
Bureau of Water Systems and Well Permitting
401 E. State Street - P.O. Box 426
Trenton, New Jersey 08625-0426
Tel #: (609) 984-6831 - Fax #: (609) 633-1495
http://www.state.nj.us/dep/watersupply/

May 29, 2007

Bogdan Marinescu, Plant Engineer
Alfred Heller Heat Treating Company
5 Wellington Street
Clifton, New Jersey 07014

Re: Application Administratively Incomplete
Physical Connection Permit No. 0495 - WPC070001

Dear Mr. Marinescu:

Your application received April 3rd, 2007 for a Renewed Physical Connection Permit has been reviewed and determined to be **ADMINISTRATIVELY INCOMPLETE**. This application proposes Approved Physical Connection comprising two 2 inch RPZ's located in Building 1 & 2 at Alfred Heller Heat Treating, 5 Wellington St, Clifton, NJ, on the domestic water service provided by Passaic Valley Water Comm. located within Clifton City, Passaic County, New Jersey.

During the review process, the Bureau of Water Systems and Well Permitting (Bureau) has determined the following deficiencies which require your attention:

1. Physical Connection Permit - Renewal Application Form Page 2, Section 2 must be dated and filled out by the Local Administrative Authority {Local Health Department or Plumbing Sub Code Official}.

Please respond to the above listed deficiencies within thirty (30) days of receipt of this letter.

In order to provide the public with greater access to information, the Bureau produced online reports that can be found at the following web address: http://www.nj.gov/dep/opra/online.html. The Bureau believes that having access to these reports will provide more insight into the Water Supply permitting process as well as a number of related Bureau activities. Should you have any questions regarding this permit, please contact James Montgomery or Anthony Adamo at (609) 984-6831 or by e-mail at jim.montgomery@dep.state.nj.us or anthony.adamo@dep.state.nj.us. When contacting the Department regarding this application always reference both the PI No. 0495 and Permit Application No. WPC070001.

Sincerely,

Anthony Adamo
Bureau of Water System and Well Permitting

0495

Physical Connection Permit No.: 0495-WPC060001

1. Certifications by Supplier of Water:

On 03/28/07 The Supplier of Water for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and Annual Internal Inspection or through receipt of the Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.

Name of the Supplier of Water: PASSAIC VALLEY WATER COMMISSIONER
Name: James Montgomery
Title: SW.R
Signature: James Montgomery

2. Certification by Local Administrative Authority:

On 6/4/07 The Local Administrative Authority for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through ~~witnessing~~ of the Quarterly Pressure Tests and Annual Internal Inspection or through receipt of Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.

Name of Local Administrative Authority: CITY OF CLIFTON
Name: Sy GOLDSTERN
Title: PLUMBING SUB CODE OFFICIAL
Signature: Sey Goldstern

3. Certification by the Certified Tester:

On 03/28/07 I Hereby Certify that: The Backflow Prevention Device(s) listed on the reverse side for this form were functioning satisfactorily at the time of the test.
Name of Firm: CHM Plumbing
Address:
Testers Name(s): PATRICK BURKE
Testers School: NEWWA
Certified Testers No.: 6824 Testers Signature: Patrick Burke

Instructions: This Form **BSDW-PCR-076** is to be submitted after the Fourth Quarter Test and Inspection has been completed with: The **Quarterly Physical Connection Test and Maintenance Report** forms **BSDW-QPCTMR**, for each test of each approved valve, the **Annual Physical Connection Fee Invoice** and **$200.00 Fee.**

PCR-076

Physical Connection Permit No.: 0495-WPC060001

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Division of Water Supply – Bureau of Water System and Well Permitting
401 E. State Street, P.O. Box 426, Trenton, New Jersey 08625-0426

Physical Connection Permit - Renewal Application Form

Applicant/Owner: Alfred Heller Heat Treating Co
Permanent Legal Address: 5 Wellington Street
City/Town: Clifton **State:** NJ **Zip Code:** 07014
Contact Person: Bogdan Marinescu **Title:** Plant Engineer
Phone: (973) 772-4200 **Fax:** 9737720433 **Email:** bmarinescu@alfredheller.co

Signature _____ **Date** 03/29/2007

Name of Public Water System: PASSAIC VALLEY WATER COMM.
Name of Local Administrative Authority:
Location of Facility: 5 WELLINGTON STREET, CLIFTON, N.J. 07011
Name of Facility, if applicable:
Address:
Municipality: CLIFTON **County:** PASSAIC

Number, Type and Size of Backflow Preventer Valves Permitted:

Subject Item No.	No.	Size	Manuf.	Model No.	Serial No.	Type	Comments	Bypass Installed?
WSPC0000000075 Replaced	1	2 inches	Hersey Sparling	FRP II	Replaced	Reduced Pressure Zone	Two 2 inch RPZs	
WSPC0000000075	2	2 inches	Watts	909-QT	38799	Reduced Pressure Zone		

WSPC0000000075 1 2" WATTS 432159

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT BOGDAN MARINESCU **(Print Name)** _____ **(Signatue)**

Record of Quarterly Testing and Annual Internal Inspection:
(Enter Date, Indicated Result and any comments below)

	Facility Not In Use	Supplier of Water	Local Authority	Certified Tester	
		PVWC			
1st Quarter 04/01/2005-06/31/2005		5/3/06 ☒ OK	__/__/__ ☐ OK	5/3/06 ☒ OK Patrick Burke	
2nd Quarter 07/01/2005-09/30/2005		8/30/06 ☑ OK PVWC	__/__/__ ☐ OK	8/30/06 ☑ OK Pat Burke	Double Check Valve *Internal Inspection
3rd Quarter 10/01/2005-12/31/2005		12/04/06 ☑ OK PVWC	__/__/__ ☐ OK	12/04/06 ☑ OK Pat Burke	__/__/__ ☐ OK
4th Quarter 01/01/2006-03/31/2006		3/28/07 ☑ OK PVWC	__/__/__ ☐ OK	3/28/07 ☑ OK Patrick Burke	__/__/__ ☐ OK

QPCTMR

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
☐	☐	☑	☐
04/01-06/30	07/01-09/30	10/01-12/31	01/01-03/31

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

Date of test 3/28/07

To:

From: (Name of Permit Holder)
Alfred Heller Heat Treating Co
Wellington St
Clifton NJ

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Model Number: 909 M1 QT
Serial Number: 432159
Comments and Notations: 2" WATTS

Location of Valve

Bldg 1

	PRESSURE TEST REDUCED PRESSURE ZONE ASSEMBLY DOUBLE CHECK VALVE			INTERNAL INSPECTION DOUBLE CHECK VALVE ASSEMBLY	
	1st Check	2nd Check	Relief Valve	1st Check	2nd Check
Initial Test Passed ☐ Failed ☐	Closed Tight ☑ at 8½ psid Leaked ☐	Closed Tight ☑ at _____ psid Leaked ☐	Opened at 2¾ psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
	No. 2 Shut-off Valve Closed Tight ☐ Leaked ☐ By-pass Used ☐				
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ _____ psid	Closed Tight ☐ _____ psid	Opened at _____ psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True

Certified Testers Name: PATRICK BURKE
Certified Testers Signature: Patrick Burke
Certifying Authority: NEWWA
Cert. ID #: 6824 Exp. Date: 11/01/08

Witnesses to test and inspection

Name: JIM MONTGOMERY Title: SUPT
Representing: PASSAIC VALLEY WATER COMM
Name: _____ Title: _____
Representing: _____

QPCTMR

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
☐	☐	☐	☐
04/01-06/30	07/01-09/30	10/01-12/31	01/01-03/31

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

Date of test 3/28/07

To:

From: (Name of Permit Holder) Alfred Heller Heat Treating Co
Wellington St.
Clifton NJ

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve
Model Number: 009 RP
Serial Number: 58799
Comments and Notations: 2" Wattz

Location of Valve
Bldg 2

	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
	1st Check	2nd Check	Relief Valve	1st Check	2nd Check
Initial Test Passed ☐ Failed ☐	Closed Tight ☑ at 8 1/4 psid Leaked ☐	Closed Tight ☑ at ____ psid Leaked ☐	Opened at 2 3/4 psid	OK ☐	OK ☐
	No. 2 Shut-off Valve Closed Tight ☐ Leaked ☐	By-pass Used ☐	Did Not Open ☐	Failed ☐	Failed ☐
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ psid	Closed Tight ☐ psid	Opened at psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True

Certified Testers Name: Patrick Burke

Certified Testers Signature: Patrick Burke

Certifying Authority: NEWWA

Cert. ID #: 6824 Exp. Date: 11/31/08

Witnesses to test and inspection

Name: Jim Montgomery Title: Sup

Representing: Passaic Valley Water Comm.

Name: ____ Title: ____

Representing: ____

CITY OF CLIFTON
900 CLIFTON AVENUE
CLIFTON, NEW JERSEY 07013

Date Issued 06/07/2001
Control #
Permit # 012262

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 10.10 Lot 1 Qual
Work Site Location 362 GETTY AVE(BACKFLOW PREVEN TER INSPECTION)
Owner in Fee/Occupant ALFRED HELLER HEAT TREATING CO
Address 5 WELLINGTON ST
CLIFTON, NJ 07011-
Telephone (973)772-4200
Contractor CHM PLUMBING & HEATING
Address 305 CONKLINTOWN RD
RINGWOOD, NJ 07456-
Telephone (973)835-0736 Fax ( )
Lic. No. or Bldrs. Reg. No. 10971
Federal Emp. No. 13-6622178

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

BACKFLOW PREVENTER INSPECTION.

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 0
Paid [X] Check No. Cash
Collected by: SF

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st ☑ 2nd ☐ 3rd ☐ 4th ☐

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
4/1-6/30	7/1-9/30	10/1-12/31	1/1-3/31

Physical Connection Permit No. 0459

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 Days of each test & Inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

Date of Test 6/05/01

To: City of Clifton

From: (Name of Permit Holder)
Alfred Heller Heat Treating
5 Wellington St
Clifton NJ 07011

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer of Valve Hersey Sparling
Model Number FRP II RPZ ☑ DCVA ☐
Serial Number N/A Size 2" in.

Location of Valve

Same As Above
In Shop

Comments & Notations

	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
	1ST Check	2nd Check	Relief Valve	1ST Check	2ND Check
Initial Test Passed ☐ Failed ☐	Closed Tight ☐ at 6 psid Leaked ☐ No. 2 Shut-off Valve Closed Tight ☐ Leaked ☐ By-pass used ☐	Closed Tight ☑ at ____ psid Leaked ☐	Opened at 15 psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ ____ psid	Closed Tight ☐ ____ psid	Opened at ____ psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True.

Certified Testers Name Patrick Burke
Certified Testers Signature Patrick Burke
Certifying Authority N.E.W.W
Cert. ID# 6824 Expiration Date 11/31/02

Witnesses to test & Inspection

Name Sy Goldstern Title PLUMBING OFFICIAL
Representing City of Clifton, NJ
Name Sy Goldstern Title
Representing

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st [✓] 2nd [ ] 3rd [ ] 4th [ ]
Quarter 4/1-6/30 | Quarter 7/1-9/30 | Quarter 10/1-12/31 | Quarter 1/1-3/31

Physical Connection Permit No. 0459

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 Days of each test & Inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

Date of Test 6/05/01

To: CITY of CLIFTON

From: (Name of Permit Holder)
ALFRED HELLER HEAT TREATING
5 WELLINGTON ST
CLIFTON NJ 07011

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer of Valve WATTS
Model Number 009-QT M2 RPZ [✓] DCVA [ ]
Serial Number _____ Size _____ in.

Location of Valve

Comments & Notations _____

	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
	1ST Check	2nd Check	Relief Valve	1ST Check	2ND Check
Initial Test Passed [ ] Failed [ ]	Closed Tight [ ] at 8 1/4 psid Leaked [ ] No. 2 Shut-off Valve Closed Tight [ ] Leaked [✓] By-pass used [ ]	Closed Tight [✓] at _____ psid Leaked [ ]	Opened at 4 1/2 psid Did Not Open [ ]	OK [ ] Failed [✓]	OK [ ] Failed [ ]
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight [ ] _____ psid Leaked [ ] By-pass used [ ]	Closed Tight [ ] _____ psid Leaked [ ]	Opened at _____ psid	OK [ ]	OK [✓]

The Results Shown Above are Certified to be True.

Certified Testers Name PATRICK BOURKE
Certified Testers Signature Patrick Bourke
Certifying Authority NEW ENGLAND WATER WORKS
Cert. ID# 6824 Expiration Date 11/31/02

Witnesses to test & Inspection

Name Sy GOLDSTERN Title PLUMBING OFFICIAL
Representing CITY OF CLIFTON
Name Sy Goldstern Title
Representing

everything OK.
Check only!

State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

JON S. CORZINE
Governor

LISA P. JACKSON
Commissioner

Division of Water Supply - Water Supply Permitting Element
Bureau of Water Systems and Well Permitting
401 E. State Street - P.O. Box 426
Trenton, New Jersey 08625-0426
Tel #: (609) 984-6831 - Fax #: (609) 633-1495
http://www.state.nj.us/dep/watersupply/

April 3, 2006

Bogdan Marinescu, Plant Engineer
Alfred Heller Heat Treating Co
5 Wellington Street
Clifton, NJ 07014

Re: Physical Connection Permit Renewal Package for 2006
Physical Connection Permit No.: 0495-WPC060001

Dear Sir or Madam:

Enclosed is the Physical Connection Permit Renewal Package for 2006 which is being issued by this Department in accordance with the provisions of N.J.S.A. 58:12A-1 et seq., N.J.S.A. 58:11-9.1 et seq., and N.J.A.C. 7:10-10.1 et seq.

This package consists of:

1. Renewal Application Form (PCR-076)
   * The renewal application has been preprinted with the information from the last permit. Please review and if necessary correct before signing and returning.
   * Please remember that the application form has two pages and both need to be signed and returned.
   * For facilities that did not operate the full year or are seasonal a check box has been added to the record of quarterly testing for you to indicate the quarters that the facility was not in operation and tests were not conducted.
2. Blank Test Report (QPCTMR)
   * Please use the enclosed report for submitting the records of the four quarterly tests. If the Certified Tester has used their own form and it contains all the information requested on this form then the Tester's forms maybe submitted instead of this form.
3. Invoice for the $200 renewal fee.
   * Please make check payable to "State of New Jersey".

To minimize delay in processing your renewal application and minimize the risk of documentation getting misplaced please send the renewal application and test certificates to:

Division of Water Supply - Water Supply Permitting Element
Bureau of Water Systems and Well Permitting
401 E. State Street - P.O. Box 426
Trenton, New Jersey 08625-0426

If you have any questions, you may call Anthony Adamo at (609) 984-6831 or by email at Anthony.Adamo@dep.state.nj.us.

Sincerely,

Steven Pudney
Supervising Environmental Engineer
Bureau of Water Systems and Well Permitting

Enclosures

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
☐	☐	☐	☐
04/01-06/30	07/01-09/30	10/01-12/31	01/01-03/31

Date of test ___/___/___

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, **and are to be submitted with the Physical Connection Renewal Application.**

To:

_____
_____
_____
_____

From: (Name of Permit Holder)
Bogdan Marinescu, Plant Engineer
Alfred Heller Heat Treating Co
5 Wellington Street
Clifton, NJ 07014

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer: _____ ☐RPZ ☐DCVA
Model Number: _____
Serial Number: _____

Location of Valve

_____
_____
_____

Comments and Notations: _____
_____

	PRESSURE TEST REDUCED PRESSURE ZONE ASSEMBLY DOUBLE CHECK VALVE			INTERNAL INSPECTION DOUBLE CHECK VALVE ASSEMBLY	
	1st Check	2nd Check	Relief Valve	1st Check	2nd Check
Initial Test Passed ☐ Failed ☐	Closed Tight ☐ at _____ psid Leaked ☐ No. 2 Shut-off Valve Closed Tight ☐ Leaked ☐ By-pass Used ☐	Closed Tight ☐ at _____ psid Leaked ☐	Opened at _____ psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ _____ psid	Closed Tight ☐ _____ psid	Opened at _____ psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True

Certified Testers Name: _____
Certified Testers Signature: _____
Certifying Authority: _____
Cert. ID #: _____ Exp. Date: ___/___/___

Witnesses to test and inspection

Name: _____ Title: _____
Representing: _____
Name: _____ Title: _____
Representing: _____

Test Procedure for Backflow Preventer Valve Assembly
Set Up Procedure for Testing

1. Verify that upstream shut-off valve No. 1 is open, and there is water pressure. Close downstream shut-off valve No. 2. **Note for Reduced Pressure Zone Valves:** *A discharge from the relief port indicates a leaking No. 1 check valve. If there is no discharge No. 1 check can be assumed to be holding tight.*
2. Flush test cocks Nos. 2, 3 & 4.
3. Close Test Kit high valve (A) and low valve (B), leave vent valve (C) open.

Reduced Pressure Zone Valve Assembly Test

A) Test the **first check valve** for tightness at a minimum of 5 PSID of static pressure:
1. Connect high-pressure hose to test cock #2.
2. Connect low-pressure hose to test cock #3.
3. Open test cocks #2 & #3.
4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) Slowly.
6. Observe stable differential pressure on gauge and record on test form. (Must be 5 PSID Minimum)

B) Test the **second check valve** for tightness against backpressure:
1. Connect vent hose to test cock #4.
2. Open test cock #4.
3. Open test kit high valve (A)... **Slowly**.
4. Observe gauge and record on test form. Second check is tight if differential pressure drops slightly and holds steady. If pressure continues to drop until relief port discharges second check is leaking.

C) Test **No. 2 shut-off valve** for tightness:
1. Close test cock #2.
2. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

Note: If No. 2 shut-off valve is leaking tests **A & B are invalid**; since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.

D) Test the operation of the **differential pressure relief valve:** Relief valve must open at a minimum of 2PSID below inlet.
1. Open test cock #2, test kit high valve (A) shall remain open and close test kit vent valve (C).
2. **Slowly** open the test kit low valve (B) until the differential pressure begins to fall... **Slowly.**
3. Observe the relief valve port for the first discharge of water and record the pressure differential on the gauge at this point on the form.

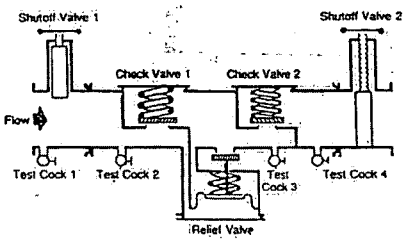
Double Check Valve Assembly Test

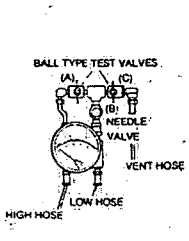
A) Test the **first check valve** for a minimum of 1 PSID of static pressure drop:
1. Connect high-pressure hose to test cock #2.
2. Connect low-pressure hose to test cock #3.
3. Open test cocks #2 & #3.
4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) **Slowly**.
6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)

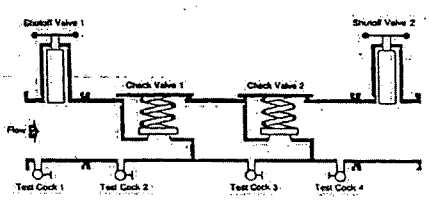
B) Test the **second check valve** for a minimum of 1 PSID static pressure drop: (close test cocks #2 & #3 and remove high & low-pressure hoses)
1. Connect high-pressure hose to test cock #3.
2. Connect low-pressure hose to test cock #4.
3. Open test cocks #3 & #4.
4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) **Slowly**.
6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)

C) Test **No. 2 shut-off valve** for tightness:
1. Repeat procedure for test A.
2. Connect vent hose to test cock #4.
3. Open test cock #4.
4. Open test kit high valve (A) **Slowly**.
5. Close test cock #2.
6. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

Note: If No. 2 shut-off valve is leaking tests **A & B are invalid;** since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.







Physical Connection Permit No.: 0495-WPC060001

QPCTMR

QPCTMR **PI No. 0495 - Physical Connection Permit No. WPC050001**

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
☐	☐	☐	☐
04/01-06/30	07/01-09/30	10/01-12/31	01/01-03/31

Date of test ___/___/___

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, **and are to be submitted with the Physical Connection Renewal Application.**

To:

_____

_____

_____

_____

From: (Name of Permit Holder)
Bogdan Marinescu, Plant Engineer
Alfred Heller Heat Treating Co
5 Wellington Street
Clifton, NJ 07014

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Model Number:
Serial Number:

Location of Valve

Comments and Notations: _____

_____

	PRESSURE TEST REDUCED PRESSURE ZONE ASSEMBLY DOUBLE CHECK VALVE			INTERNAL INSPECTION DOUBLE CHECK VALVE ASSEMBLY	
	1st Check	2nd Check	Relief Valve	1st Check	2nd Check
Initial Test Passed ☐ Failed ☐	Closed Tight ☐ at _____ psid Leaked ☐ No. 2 Shut-off Valve Closed Tight ☐ Leaked ☐	Closed Tight ☐ at _____ psid Leaked ☐ By-pass Used ☐	Opened at _____ psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ _____ psid	Closed Tight ☐ _____ psid	Opened at _____ psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True

Certified Testers Name: _____

Certified Testers Signature: _____

Certifying Authority: _____

Cert. ID #: _____ Exp. Date: ___/___/___

Witnesses to test and inspection

Name: _____ Title: _____

Representing: _____

Name: _____ Title: _____

Representing: _____

CLIFTON
CITY CLERK
OFFICE

05/31/01 10:49AM 01
000001 #1928 B N

P000007
BUILDNG FEE $40.00

CASH $40.00

CITY OF CLIFTON
900 CLIFTON AVENUE
CLIFTON, NEW JERSEY 07013

Date Issued 05/31/2001
Control #
Permit # 012262

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 10.10 Lot 1 Qual

Work Site Location 362 GETTY AVE(BACKFLOW PREVEN
TER INSPECTION)
Owner in Fee ALFRED HELLER HEAT TREATING CO
Address 5 WELLINGTON ST
CLIFTON, NJ 07011-
Telephone (973)772-4200

Contractor CHM PLUMBING & HEATING
Address 305 CONKLINTOWN RD
RINGWOOD, NJ 07456-
Telephone (973)835-0736
Lic. No. or Bldrs. Reg. No. 10971
Federal Emp. No. 13-6622178

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
BACKFLOW PREVENTER INSPECTION.

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	40
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	40
Check No.	
Cash	X
Collected By	SF

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 400

Construction Official

05/31/2001
Date

U.C.C. F170 (rev. 3/96)

CITY OF CLIFTON
900 CLIFTON AVENUE
CLIFTON, NEW JERSEY 07013

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 05/31/2001
Control #
Permit # 012262

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 10.10 Lot 1 Qual
Work Site Location 362 GETTY AVE(BACKFLOW PREVEN TER INSPECTION)
Owner in Fee ALFRED HELLER HEAT TREATING CO
Address 5 WELLINGTON ST
CLIFTON, NJ 07011-
Tele.(973)772-4200
Contractor CHM PLUMBING & HEATING
Address 305 CONKLINTOWN RD
RINGWOOD, NJ 07456-
Tele.(973)835-0736
Lic. No. or Bldrs. Reg. No. 10971
Federal Emp. No. 13-6622178

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS

Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
1	Backflow Preventer	0
0	Greasetrap	22
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0
		0

Paid [X] Check # Cash
Collected by: SF

Administrative Surcharge	$ 0
Minimum Fee	$ 18
TOTAL FEE	$ 40
DCA Training Fee	$ 0

BSDW-PCR-076
03/99 Page 1 of 2

Physical Connection Permit No: 0459

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Water Supply Administration - Bureau of Safe Drinking Water
401 East State Street - P. O. Box 426, Trenton, New Jersey 08625-0426

Physical Connection Permit - Renewal Application Form

Applicant/Owner ALFRED HELLER HEAT TREATING CO.
Permanent Legal Address 5 WELLINGTON STREET
City/Town CLIFTON State N.J. Zip Code 07011
Telephone (973) 772-4200 Fax Number (973) 772 0433
Contact Person Name BOGDAN MARINESCU Title PLANT ENGINEER

Signature [signature] Date 6/5/01

Name of Public Water System PASSAIC
Name of Local Administrative Authority CITY OF CLIFTON
Location of Facility 5 WELLINGTON STREET
Name of Facility, if applicable ALFRED HELLER HEAT TREATING
Address (Street/Road) SAME AS ABOVE
Municipality CLIFTON County PASSAIC

Number, Type(s), Size(s) and Location(s) of Backflow Preventor Valve(s) Permitted:
HERSEY SPARLING, 2" - BUILDING 1, model # FRP II
WATTS RP2, 2" - BUILDING 2, model # 009-QT M2

Records of Quarterly Testing and Annual Internal Inspection:

Pressure Tests:	Witnessed By or Performed on: (Enter Date - Indicate Result – Comment Below) Supplier of Water	Local Authority Health or Plumbing Inspector	Certified Tester	Double Check Valve *Internal Inspection
1st Quarter 4/1 – 6/31	6/05/01 ☐ OK	6/05/01 ☑ OK	6/05/01 ☑ OK Patrick Burke	
2nd Quarter 7/1 – 9/30	__/__/__ ☐ OK	__/__/__ ☐ OK	__/__/__ ☐ OK	
3rd Quarter 10/1 – 12/31	__/__/__ ☐ OK	__/__/__ ☐ OK	__/__/__ ☐ OK	__/__/__ ☐ OK
4th Quarter 1/1 – 3/31	__/__/__ ☐ OK	__/__/__ ☐ OK	__/__/__ ☐ OK	__/__/__ ☐ OK

* The Annual Internal Inspection is not required for Reduced Pressure Zone Valves except as provided by N.J.A.C. 7:10-10.6(a)

Permit No: 0459

1. Certifications by Supplier of Water:

On ___/___/___. The Supplier of Water for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of the Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.

Name of the Supplier of Water Passaic

Name _____

Title _____

Signature _____

2. Certification by Local Administrative Authority:

On 6/05/01 The Local Administrative Authority for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.

Name of Local Administrative Authority CITY OF CLIFTON INC

Name Sy GOLDSTEIN

Title PLUMBING INSPECTOR

Signature _____

3. Certification by the Certified Tester:

On ___/___/___ I Hereby Certify that: The Backflow Prevention Device(s) listed on the reverse side for this form were functioning satisfactorily at the time of the test.

Name of Firm _____

Address _____

Testers Name(s) _____

Testers School _____

Certified Testers No. _____ Testers Signature _____

Instructions: This Form **BSDW-PCR-076** is to be submitted after the Fourth Quarter Test and Inspection has been completed with: The **Quarterly Physical Connection Test and Maintenance Report** forms **BSDW-QPCTMR**, for each test of each approved valve, the **Annual Physical Connection Fee Invoice** and **$200.00 Fee.**

CITY OF CL
900 CLIFTON
CLIFTON, NEW JER

04/04/02 10:01AM 01
000001 #0700 E: N

F*000007
BUILDING FEE $40.00

CASH $40.00

Date Issued 04/04/2002
Control #
Permit # 021079

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 10.10 Lot 1 Qual

Work Site Location 362 GETTY AVE(BACKFLOW PREVEN

Owner in Fee ALFRED HELLER HEAT TREATING CO
Address 5 WELLINGTON ST
CLIFTON, NJ 07011-
Telephone (973)772-4200

Contractor CHM PLUMBING & HEATING
Address 305 CONKLINTOWN RD
RINGWOOD, NJ 07456-
Telephone (973)835-0736
Lic. No. or Bldrs. Reg. No. 10971
Federal Emp. No. 13-6622178

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
BACKFLOW

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 400

Construction Official

04/04/2002
Date

U.C.C. P170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	40
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	40
Check No.	
Cash	X
Collected By	DB

CITY OF CLIFTON
900 CLIFTON AVENUE
CLIFTON, NEW JERSEY 07013

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 04/04/2002
Control #
Permit # 021079

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 10.10 Lot 1 Qual

Work Site Location 362 GETTY AVE(BACKFLOW PREVEN

Owner in Fee ALFRED HELLER HEAT TREATING CO
Address 5 WELLINGTON ST
CLIFTON, NJ 07011-
Tele.(973)772-4200
Contractor CHM PLUMBING & HEATING
Address 305 CONKLINTOWN RD
RINGWOOD, NJ 07456-
Tele.(973)835-0736
Lic. No. or Bldrs. Reg. No. 10971
Federal Emp. No. 13-6622178

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Pixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature/Contractor
[ ] Licensed Plumbin [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	D 0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
1	Backflow Preventer	22
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [X] Check # Cash Minimum Fee $ 18
Collected by: DB TOTAL FEE $ 40
DCA Training Fee $ 0

U.C.C. P130 (rev. 3/96)

Physical Connection Permit No._____

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Water Supply Administration - Bureau of Safe Drinking Water
401 East State Street - P. O. Box 426, Trenton, New Jersey 08625-0426
Physical Connection Permit - Renewal Application Form

Applicant/Owner_____
Permanent Legal Address_____
City/Town_____ State_____ Zip Code_____
Telephone ( )_____ Fax Number ( )_____ e-mail_____
Contact Person Name_____ Title_____

Signature_____ Date_____

Name of Public Water System_____
Name of Local Administrative Authority_____
Location of Facility_____
Name of Facility, if applicable_____
Address (Street/Road)_____
Municipality_____ County_____

Number, Type, Size, Make, Model, S/N and Location of Backflow Preventer Valve(s) Permitted:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Records of Quarterly Testing and Annual Internal Inspection:
Witnessed By or Performed on: (Enter Date - Indicate Result – Comment Below)

Pressure Tests:	Supplier of Water	Local Authority Health or Plumbing Inspector	Certified Tester	Double Check Valve *Internal Inspection
1st Quarter 4/1 – 6/31	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	
2nd Quarter 7/1 – 9/30	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	
3rd Quarter 10/1 – 12/31	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK
4th Quarter 1/1 – 3/31	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK

- The Annual Internal Inspection is not required for Reduced Pressure Zone Valves except as provided by N.J.A.C. 7:10-10.6(a)4.

Duplex Form do not reproduce on separate pages

Permit No: _____

1. **Certifications by Supplier of Water:**
On ___/____/___ The Supplier of Water for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of the Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.
Name of the Supplier of Water_____

Name_____

Title_____

Signature_____

2. **Certification by Local Administrative Authority:**
On ___/____/____ The Local Administrative Authority for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.
Name of Local Administrative Authority_____

Name_____

Title_____

Signature_____

3. **Certification by the Certified Tester:**
On ___/___/____ I Hereby Certify that: The Backflow Prevention Device(s) listed on the reverse side for this form were functioning satisfactorily at the time of the test.
Name of Firm _____
Address _____
Testers Name(s) _____
Testers School _____
Certified Testers No. _____ Testers Signature _____

Instructions: This Form **BSDW-PCR-076** is to be submitted after the Fourth Quarter Test and Inspection has been completed with: The **Quarterly Physical Connection Test and Maintenance Report** forms **BSDW-QPCTMR**, for each test of each approved valve, the **Annual Physical Connection Fee Invoice** and **$200.00 Fee.**

Permit Requirements

Submittal/Action Requirements

Applicable Subject Items	Submittal/Action Type	Requirement
0495, Data converted Physical Connection Valve SI (WSPC75)	Submit renewal application and quarterly monitoring reports	Prior to expiration of Physical Connection Permit. [N.J.A.C. 7:10-10]

Text Requirements

All Phases

0495, Data converted Physical Connection Valve SI (WSPC75)

1. GENERAL PERMIT CONDITIONS.
2. The permit is revocable, or subject to modification or change, at any time, when in the judgement of the New Jersey Department of Environmental Protection such revocation, modification or change shall be necessary. [N.J.A.C. 7:10-10]
3. The issuance of this permit shall not be deemed to affect in any way action by the New Jersey Department of Environmental Protection on any future application.
4. The works, facilities and/or activities shown by plans and/or other engineering data, which are this day approved, subject to the conditions herewith established, shall be constructed and/ or executed in conformity with such plans and/ or engineering data and said conditions. [N.J.A.C. 7:10-10]
5. The granting of this permit shall not be construed in any way to affect the title or ownership of property, and shall not make the New Jersey Department of Environmental Protection or the State a party in any suit or question of ownership of property.
6. This permit does not waive the obtaining of Federal or other State or local Government consent when necessary. This permit is not valid and no work shall be undertaken until such time as all other required approvals and permits have been obtained.
7. In the examination of plans and/ or other engineering data, the New Jersey Department of Environmental Protection does not examine the structural features of the design, such as thickness of concrete or its reinforcement, the efficiency of any electrical or mechanical equipment or apparatus; and the approval herewith given does not include these features. [N.J.A.C. 7:10-10]
8. SPECIFIC PERMIT CONDITIONS.
9. For this permit to remain valid, each physical connection installation backflow prevention valve listed on this permit shall be inspected and tested for tightness under prevailing pressure conditions at least once every three months pursuant to N.J.A.C. 7:10-10.6(a)1. [N.J.A.C. 7:10-10]
10. For this permit to remain valid, each physical connection installation backflow prevention valve listed on this permit shall be dismantled and internally inspected annually within six months prior to the submission of an application for permit renewal pursuant to N.J.A.C. 7:10-10.5(b). After reassembly, the owner of the facility shall have the backflow prevention device tested for tightness to ensure integrity of the device. An internal inspection shall consist of the dismantling of a double check valve assembly or reduced pressure zone backflow preventer assembly to visually inspect the integrity of the internal mechanism including the clappers, discs, springs and facing rings pursuant to N.J.A.C. 7:10-10.6(a)2. [N.J.A.C. 7:10-10]
11. The Department shall approve a reduction in the frequency of the pressure tests conducted pursuant to N.J.A.C. 7:10-10.6(a)1 if the owner of the facility in which the physical connection is located demonstrates to the Department that the facility is not in operation during any time in a calendar year pursuant to N.J.A.C. 7:10-10.6(a)3. [N.J.A.C. 7:10-10]
12. A reduced pressure zone backflow preventer assembly shall not be subject to the internal inspection requirements of N.J.A.C. 7:10-10.6(a)2 above except for routine maintenance as specified by the manufacturer, or for investigation of a malfunction, or as specifically required by the supplier of water. [N.J.A.C. 7:10-10]

Text Requirements

All Phases

0495, Data converted Physical Connection Valve SI (WSPC75)

13. For this permit to remain valid, the inspections and testing required pursuant to N.J.A.C. 7:10-10.6(a) shall be conducted by an authorized representative of the owner of the facility where the backflow prevention device is installed in the presence of an authorized representative of the administrative authority and/or the supplier of water, or by a certified tester who holds a valid backflow prevention device testers certificate issued by a certifying agency approved by the Department pursuant to N.J.A.C. 7:10-10.8. [N.J.A.C. 7:10-10]
14. No administrative change to an existing Physical Connection Permit shall be made without notifying the New Jersey Department of Environmental Protection within 14 days of such change pursuant to N.J.A.C. 7:10-10.7(a). [N.J.A.C. 7:10-10]
15. No modification to an approved physical connection installation listed in N.J.A.C. 7:10-10.7(b) shall be made prior to submitting a written request to the Department. [N.J.A.C. 7:10-10]
16. No modification to an approved physical connection installation listed in N.J.A.C. 7:10-10.7(b) shall be made prior to submitting an application to modify an existing physical connection permit pursuant to N.J.A.C. 7:10-10.7(c) except as provided in N.J.A.C. 7:10-10.7(d). [N.J.A.C. 7:10-10]
17. A copy of this Permit and records of at least one (1) year past pressure tests, maintenance and annual internal inspections on the Quarterly Test and Maintenance shall be kept at the facility, and shall be exhibited upon request of Department Personnel. [N.J.A.C. 7:10-10]
18. Upon completion of each test and inspection, the owner of the facility shall have the results and certifications of those present recorded on the Quarterly Test and Maintenance Report Form, and shall mail copies to the local administrative authority and supplier of water within 5 days of the test. [N.J.A.C. 7:10-10]

State of New Jersey

James E. McGreevey
Governor

Department of Environmental Protection
Water Supply Administration-Bureau of Safe Drinking Water
401 E. State Street - P.O. Box 426, Trenton, New Jersey 08625-0426
Tel # 609-292-5550 – Fax # 609-292-1654

Bradley M. Campbell
Commissioner

February 3rd, 2004

Bogdan Marinescu, Plant Engineer
Alfred Heller Heat Treating Company
5 Wellington St.
Clifton, New Jersey 07011

Re: Renewed Physical Connection Permit # **WPC030001**
Physical Connection PI 0495

Dear Sir or Madam:

Enclosed is your Renewed Physical Connection Permit which is being issued by this Department in accordance with the provisions of N.J.S.A. 58:12A-1 et seq., N.J.S.A. 58:11-9.1 et. seq., and N.J.A.C. 7:10-10.1 et. seq.

Your attention is particularly drawn to the expiration date and to the conditions with which you must comply before the next renewal can be effected. In connection with this, we direct you to make immediate arrangements with supplier of water and the local administrative authority to witness the pressure test every three months and annual internal inspection and/or make arrangements with a certified tester who holds a valid backflow prevention device testers certificate, issued by a certifying agency approved by the Department, to Perform these tests and inspections. A list of testers is available upon request.

To facilitate your recording the results of these tests and inspections, we are also enclosing copies of the Quarterly Test and Maintenance Report form, which must be completed for each test of each valve. If addition forms are required, they are also available through our web site at www.state.nj.us/dep/watersupply. Prior to the expiration date of this permit the Department will mail a Physical Connection Renewal Fee Invoice and Renewal Application Form, which must be submitted with the Quarterly Test and Maintenance forms from the preceding year. If you have any questions, you may call me at (609) 292-5550.

Sincerely,

James R. Montgomery, Investigator I
Bureau of Safe Drinking Water

Enclosures: QPCTMR & PCR-076

CC: Passaic Valley Water Commission
Clifton City Health Department
Northern Bureau of Water Compliance & Enforcement

State of New Jersey

James E. McGreevey
Governor

Department of Environmental Protection
Water Supply Administration-Bureau of Safe Drinking Water
401 E. State Street - P.O. Box 426, Trenton, New Jersey 08625-0426
Tel # 609-292-5550 – Fax # 609-292-1654

Bradley M. Campbell
Commissioner

PERMIT*

The New Jersey Department of Environmental Protection grants this permit in accordance with your application, attachments accompanying same application and applicable law and regulations. This permit is also subject to further conditions and stipulations enumerated in the supporting documents which are agreed to by the permittee upon acceptance of the permit.

Permit No.	**Issuance Date**	**Effective Date**	**Expiration Date**
WPC030001	August 13th, 1971	April 1st, 2003	March 31st, 2004

Name and Address of Applicant	**Location of Activity/Facility**	
Alfred Heller Heat Treating Company P O Box 330 Clifton, New Jersey 07011	Clifton, Passaic County/5 Wellington St	
Physical Connection ID No. 0495	**Type of Permit** Renewed Physical Connection Permit	**Statue(s)** NJSA 58:11-9.1 et seq. and NJSA 58:12A-1 et seq.

This permit grants permission to: Maintain, own and operate a Physical Connection between an approved Public Community Water System and an Unapproved Water Supply at the above named location, in consideration of the Renewal Permit Application received April 7th, 2003

Number, Type and Size of Backflow Preventer Valves Permitted-

SUBJECT ITEM	NO.	SIZE	DEVICE TYPE
WSPC0000000075	1	2 inches	Reduced Pressure Zone
WSPC0000000075	2	2 inches	Reduced Pressure Zone

Owner of Approved Public Water System- **Passaic Valley Water Commission**

Local Administrative Authority-**Clifton City Health Department**

Source of Unapproved Water Supply-**Industrial Well**

cc: Passaic Valley Water Commission
Clifton City Health Department
Northern Bureau of Water Compliance and Enforcement

Approved by the Authority of:
Michele Putnam, Administrator
Water Supply Administration

Barker Hamill, Bureau Chief

* The word permit means approval, certification, registration etc.

ALFRED HELLER HEAT TREATING CO.
5 WELLINGTON STREET
P.O. BOX 330
CLIFTON, NJ 07011-0330

HUDSON UNITED BANK HUB
Clifton Office
775 Clifton Avenue
Clifton, N.J. 07011

6310

66-150/212
1018

Date April 7th, 2004

Pay to the order of Treasuer State of New Jersey $ 200.00

Two Hundred and 00/100 Dollars

THIS CHECK IS DELIVERED IN CONNECTION WITH THE FOLLOWING ACCOUNT:

	Water Interconnector Permit annual Renewal	

⑈006310⑈ ⑆021201503⑆ 0208000437⑈

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

NEW JERSEY SAFE DRINKING WATER ANNUAL PHYSICAL CONNECTION INVOICE

INVOICE NO.
030188700

Program Interest	Type of Notice	Amount Due
ALFRED HELLER HEAT TREATING CO 5 WELLINGTON ST Clifton City, NJ. 07014 0495	ORIGINAL(NON-INITIAL)	$ 200.00

Billing Date	Due Date	NJEMS Bill ID
03/04/03	04/03/03	000000007675800

Summary

Total Amount Assessed	200.00
Amount Received Before Creating Installment Plan(if installment plans is allowed)	0.00
Amount Transferred To Installment Plan	0.00
Installment Amount	0.00
Total Amount Credited	0.00
Total Amount Debited (Other Than Amounts Assessed)	0.00
TOTAL AMOUNT DUE	200.00

REMINDER:

- SEE BACK OF INVOICE FOR DEP CONTACT INFORMATION
- MAKE CHECKS PAYABLE TO: TREASURER - STATE OF NEW JERSEY
- WRITE PROGRAM INTEREST ID ON YOUR CHECK (SEE BOTTOM STUB)
- RETURN THE BOTTOM STUB WITH YOUR PAYMENT
- MAIL PAYMENT AND STUB TO NJ DEPARTMENT OF TREASURY (SEE BOTTOM STUB)

See Back Of Page For Billing Inquiries

INVOICE NO.
030188700

D9901F (R 03/02)

Let's protect our earth

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

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0495	ORIGINAL(NON-INITIAL)	03/04/03	04/03/03	$ 200.00

For name and/or address change, check box and write corrections on the back of this invoice. ☐

DO NOT FOLD, BEND OR MARK

Enter the Amount of your Payment ☞ $.

RETURN THIS PORTION with your check made payable to:

TREASURER - STATE OF NEW JERSEY

and mail to:

NJ DEPARTMENT OF TREASURY
DIVISION OF REVENUE
PO BOX 417
TRENTON, NJ 08646-0417

ALFRED HELLER HEAT TREATING CO

81

PO BOX 330
Clifton NJ 07011-0330

EP10101010101010101010100004090511111100002000000019803018870048l4

Test Procedure for Backflow Preventor Valve Assembly

Set Up Procedure for Testing

1. Verify that upstream shut-off valve No. 1 is open, and there is water pressure. Close downstream shut-off valve No. 2. **Note for Reduced Pressure Zone Valves:** *A discharge from the relief port indicates a leaking No. 1 check valve. If there is no discharge No. 1 check can be assumed to be holding tight.*
2. Flush test cocks Nos. 2, 3 & 4.
3. Close Test Kit high valve (A) and low valve (B), leave vent valve (C) open

Reduced Pressure Zone Valve Assembly Test

A) Test the **first check valve** for a minimum of 5 PSID of static pressure drop:

1. Connect high-pressure hose to test cock #2.
2. Connect low-pressure hose to test cock #3.
3. Open test cocks #2 & #3.
4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) Slowly.
6. Observe stable differential pressure on gauge and record on test form. (Must be 5 PSID Minimum)

B) Test the **second check valve** for tightness against backpressure:

1. Connect vent hose to test cock #4.
2. Open test cock #4.
3. Open test kit high valve (A)... Slowly.
4. Observe gauge and record on test form. Second check is tight if differential pressure drops slightly and hold steady. If pressure continues to drop until relief port discharges second check is leaking.

C) Test **No. 2 shut-off valve** for tightness:

1. Close test cock #2.
2. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

   Note: If No. 2 shut-off valve is leaking tests **A & B are invalid;** since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.

D) Test the operation of the **differential pressure relief valve:**

Note: Relief valve must open at a minimum of 2PSID.

1. Open test cock #2, test kit high valve (A) shall remain open and close test kit vent valve (C).
2. **Slowly** open the test kit low valve (B) until the differential pressure begins to fall... Slowly.
3. Observe the relief valve port for the first discharge of water and record the pressure differential on the gauge at this point on the form.

Double Check Valve Assembly Test

A) Test the **first check valve** for a minimum of 1 PSID of static pressure drop:

1. Connect high-pressure hose to test cock #2.
2. Connect low-pressure hose to test cock #3.
3. Open test cocks #2 & #3.
4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) Slowly.
6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)

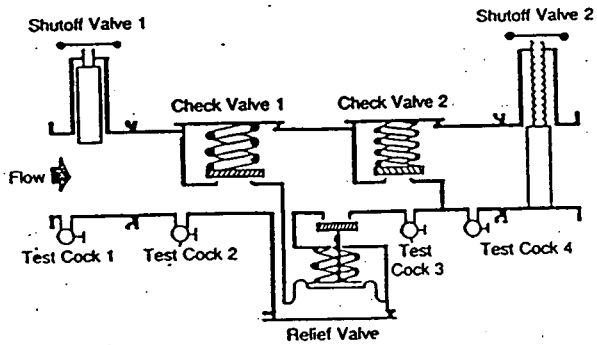
B) Test the **second check valve** for a minimum of 1 PSID static pressure drop: (close test cocks #2 & #3 and remove high & low-pressure hoses)

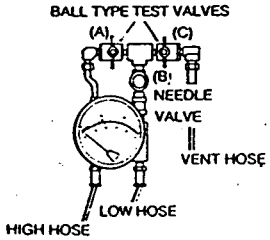
1. Connect high-pressure hose to test cock #3.
2. Connect low-pressure hose to test cock #4.
3. Open test cocks #3 & #4.
4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) Slowly.
6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)

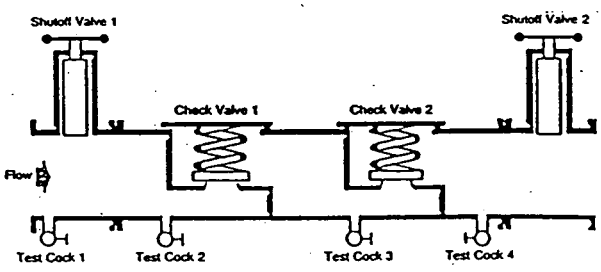
C) Test **No. 2 shut-off valve** for tightness:

1. Repeat procedure for test A.
2. Connect vent hose to test cock #4.
3. Open test cock #4.
4. Open test kit high valve (A) Slowly.
5. Close test cock #2.
6. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

Note: If No. 2 shut-off valve is leaking tests **A & B are invalid;** since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.







Permit No: _____

1. **Certifications by Supplier of Water:**
On ___/___/___ The Supplier of Water for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of the Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.
Name of the Supplier of Water _____

Name _____

Title _____

Signature _____

2. **Certification by Local Administrative Authority:**
On ___/___/___ The Local Administrative Authority for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.
Name of Local Administrative Authority _____

Name _____

Title _____

Signature _____

3. **Certification by the Certified Tester:**
On ___/___/___ I Hereby Certify that: The Backflow Prevention Device(s) listed on the reverse side for this form were functioning satisfactorily at the time of the test.
Name of Firm _____
Address _____
Testers Name(s) _____
Testers School _____
Certified Testers No. _____ Testers Signature _____

Instructions: This Form **BSDW-PCR-076** is to be submitted after the Fourth Quarter Test and Inspection has been completed with: The **Quarterly Physical Connection Test and Maintenance Report** forms **BSDW-QPCTMR**, for each test of each approved valve, the **Annual Physical Connection Fee Invoice** and **$200.00 Fee.**

State of New Jersey

DONALD T. DiFRANCESCO
Acting Governor

Department of Environmental Protection
Water Supply Administration Bureau of Safe Drinking Water
401 E. State Street – P.O. Box 426
Trenton, New Jersey 08625-0426
Tel# 609-292-5550 – Fax# 609-292-1654

Robert C. Shinn, Jr.
Commissioner

July 27, 2001

Bogdan Marinescu, Plant Engineer
Alfred Heller Heat Treating Co.
P.O. Box 330
Clifton, N.J. 07011

Re: Renewal of Physical Connection Permit # **0495**

Dear Mr. Marinescu:

We have pleasure in enclosing herewith your Physical Connection Permit Renewal which is being issued by this Department in accordance with the provisions of N.J.S.A. 58:12A-1 et seq., N.J.S.A. 58:11-9.1 et seq., and N.J.A.C. 7:10-10.1 et seq.

Your attention is particularly drawn to the expiration date and to the conditions with which you must comply before the next renewal can be effected. In connection with this, we direct you to make immediate arrangements with the supplier of water and the local administrative authority to witness the pressure test every three months and annual internal inspection if required and/or make arrangements with a certified tester who holds a valid backflow prevention device testers certificate, issued by a certifying agency approved by the Department, to perform these tests and inspections. A list of testers is available upon request.

To facilitate your recording the results of these tests and inspections, we are also enclosing copies of the Quarterly Test and Maintenance Report form, which must be completed for each test of each valve. Prior to the expiration date of this permit the Department will mail a Physical Connection Renewal Fee Invoice and Renewal Application Form, which must be submitted with the Quarterly Test and Maintenance forms from the preceding year. If you have any questions, you may call me at (609) 292-5550.

Sincerely,

James R. Montgomery
Physical Connection Program
Bureau of Safe Drinking Water

Enclosures: QPCTMR & PCR-076
cc: Passaic Valley Water Comm
Clifton City Health Dept.

State of New Jersey

DONALD T. DIFRANCESCO
Acting Governor

Department of Environmental Protection
Water Supply Administration - Bureau of Safe Drinking Water

Robert C. Shinn, Jr.
Commissioner

PERMIT*

The New Jersey Department of Environmental Protection grants this permit in accordance with your application, attachments accompanying same application, and applicable laws and regulations. This permit is also subject to further conditions and stipulations enumerated in the supporting documents which are agreed to by the permittee upon acceptance of the permit.

Permit No. 0495	**Issuance Date** August 13, 1971	**Effective Date** April 1, 2001	**Expiration Date** March 31, 2002
Name and Address of Applicant Alfred Heller Heat Treating Co. P.O. Box 330 Clifton, N.J. 07011		**Location of Activity/Facility** Clifton City, Passaic County / 5 Wellington St. Building 1 & 2	
		Type of Permit RENEWAL PHYSICAL CONNECTION	**Statute(s)** NJSA 58:11-9.1 et seq. and NJSA 58:12A-1 et seq.

This permit grants permission to: Maintain, own and operate a Physical Connection between an approved Public Community Water System and an Unapproved Water Supply at the above named location, in consideration of the Renewal Permit Application received **June 12, 2001.**

Number, Type and Size of Backflow Preventor Valves Permitted- **Two 2 inch RPZs**
Owner of Approved Public Water System- **Passaic Valley Water Comm**
Local Administrative Authority- **Clifton City Health Dept.**
Source of Unapproved Water Supply- **Private Well**

This Permit is subject to the Following Specific Conditions:

1. The above listed valves shall be tested for tightness, under prevailing pressure conditions at least **once every three months.** N.J.A.C. 7:10-10.6. *Seasonal facilities shall be tested upon opening and once every three months while in operation.*
2. The above listed **DCVA - DCDC** valves shall be disassembled and internally inspected for integrity of the internal mechanism annually, within six months prior to the submission of an application for permit renewal. N.J.A.C. 7:10-10.6(a)2. *A Reduced Pressure Zone (**RPZ**) valve shall not be subject to the annual internal inspection except as provided in N.J.A.C. 7:10-10.6(a)4.*
3. The owner of the facility where the physical connection exists shall either: Arrange for witnessing of these tests and annual internal inspection with a representative of the supplier of water and / or the local administrative authority, to be conducted by a representative of the owner. Or shall use a certified tester who holds a valid backflow prevention device testers certificate issued by a certifying agency approved by the Department, as per N.J.A.C. 7:10-10.8(f). *The supplier of water and the local administrative authority may require a representative be present to witness tests & inspections preformed by a certified tester.*
4. Upon completion of each test and inspection, the owner of the facility shall have the results and certifications of those present recorded on the Quarterly Test and Maintenance Report Form, and shall mail copies to the local administrative authority and supplier of water within 5 days of the test. Prior to expiration of this permit complete the Physical Connection Permit Renewal Application Form and submit it to the Department with all the Quarterly Test and Maintenance Report forms from the preceding permit year as per N.J.A.C. 7:10-10.5(b).

cc: Passaic Valley Water Comm
Clifton City Health Dept.

Approved by the authority of:
Shing-Fu Hsueh, Ph.D., Administrator
Water Supply Element

Barker Hamill, Bureau Chief

* The word permit means approval, certification, registration, etc.

This permit is subject to the following **GENERAL CONDITIONS**:

1. The permit is revocable, or subject to modification or change, at any time, when in the judgment of the New Jersey Department of Environmental Protection such revocation, modification or change shall be necessary.

2. The issuance of this permit shall not be deemed to affect in any way action by the New Jersey Department of Environmental Protection on any future application.

3. The works, facilities and/or activities shown by plans and/or other engineering data, which are this day approved, subject to the conditions herewith established, shall be constructed and/or executed in conformity with such plans and/or engineering data and said conditions.

4. No administrative change to an existing Physical Connection Permit shall be made without notifying the New Jersey Department of Environmental Protection within 14 days of such change, as per N.J.A.C. 7:10-10.7(a).

5. No modification to an approved physical connection installation listed in N.J.A.C 7:10-10.7(b) shall be made prior to submitting a written request and an application to modify the existing Physical Connection Permit.

6. The granting of this permit shall not be construed in any way to affect the title or ownership of property, and shall not make the Department of Environmental Protection or the State a party in any suit or question of ownership of property.

7. This permit does not waive the obtaining of Federal or other State or local Government consent when necessary. This permit is not valid and no work shall be undertaken until such time as all other required approvals and permits have been obtained.

8. A copy of this Permit and records of quarterly tests, maintenance and annual internal inspections shall be kept at the facility, and shall be exhibited upon request of any person.

9. In the examination of plans and/or other engineering data, the New Jersey Department of Environmental Protection does not examine the structural features of the design, such as thickness of concrete or its reinforcement, the efficiency of any electrical or mechanical equipment or apparatus; and the approval herewith given does not include these features.

10. For this permit to remain valid, each Physical Connection Installation Backflow Preventor Valve approved in this permit shall tested for tightness under prevailing conditions, internally inspected and maintained in accordance with N.J.A.C. 7:10-10.6.

11. Any approved Physical Connection Installation that fails a pressure test or internal inspection shall be repaired and retest within 30 days in accordance with N.J.A.C. 7:10-10.6(g). If the approved Physical Connection cannot be repaired it shall be replaced. The permit holder shall follow the Permit Modification Procedure outlined in N.J.A.C. 7:10-10.7.

BLOCK _____ LOT _____ QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Application Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Propsed Work Site at: _____
2. Name of Owner in Fee: _____ Tel. (_____) _____
   Address _____
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. (_____) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (_____) _____ FAX (_____) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories	
2.	Height of Structure ft.	
3.	Area — Largest Floor sq. ft.	
4.	New Building Area sq. ft.	
5.	Volume of New Structure cu. ft.	
6.	Construction Classification	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes	
	no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

II. PROPOSED WORK

		Est. Cost	OPTIONAL (for office use only)							
			Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature_____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		**Name of Code & Edition**		
Building _____		Energy _____		Other _____
Electrical _____		Barrier Free _____		_____
Plumbing _____		Flood Hazard _____		_____
Fire Protection _____		As Built Elevation Cert. _____		_____
Mechanical _____		Other _____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

Building Department
City of Clifton
900 Clifton Ave.
Clifton, N J 07013

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____
Work Site Location _____
_____
Owner in Fee _____
Address _____
_____
Tele. (_____) _____
Contractor _____
Address _____
_____
Tele. (_____) _____ Fax (_____) _____
Lic. No. _____
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO _____				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

_____
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

State of New Jersey

James E. McGreevey
Governor

Department of Environmental Protection
Water Supply Administration Bureau of Safe Drinking Water
401 E. State Street – P.O. Box 426
Trenton, New Jersey 08625-0426
Tel# 609-292-5550 – Fax# 609-292-1654

Bradley M. Campbell
Commissioner

May 17, 2002

Bogdan Marinescu, Plant Engineer
Alfred Heller Heat Treating Co.
P.O. Box 330
Clifton, N.J. 07011

Re: Renewal of Physical Connection Permit # **0495**

Dear Mr. Marinescu:

We have pleasure in enclosing herewith your Physical Connection Permit Renewal which is being issued by this Department in accordance with the provisions of N.J.S.A. 58:12A-1 et seq., N.J.S.A. 58:11-9.1 et seq., and N.J.A.C. 7:10-10.1 et seq.

Your attention is particularly drawn to the expiration date and to the conditions with which you must comply before the next renewal can be effected. In connection with this, we direct you to make immediate arrangements with the supplier of water and the local administrative authority to witness the pressure test every three months and annual internal inspection if required and/or make arrangements with a certified tester who holds a valid backflow prevention device testers certificate, issued by a certifying agency approved by the Department, to perform these tests and inspections. A list of testers is available upon request.

To facilitate your recording the results of these tests and inspections, we are also enclosing copies of the Quarterly Test and Maintenance Report form, which must be completed for each test of each valve. Prior to the expiration date of this permit the Department will mail a Physical Connection Renewal Fee Invoice and Renewal Application Form, which must be submitted with the Quarterly Test and Maintenance forms from the preceding year. If you have any questions, you may call me at (609) 292-5550.

Sincerely,

James R. Montgomery
Physical Connection Program
Bureau of Safe Drinking Water

Enclosures: QPCTMR & PCR-076
cc: Passaic Valley Water Comm
Clifton City Health Dept.

State of New Jersey

James E. McGreevey
Governor

Department of Environmental Protection
Water Supply Administration - Bureau of Safe Drinking Water

Bradley M. Campbell
Commissioner

PERMIT*

The New Jersey Department of Environmental Protection grants this permit in accordance with your application, attachments accompanying same application, and applicable laws and regulations. This permit is also subject to further conditions and stipulations enumerated in the supporting documents which are agreed to by the permittee upon acceptance of the permit.

Permit No. 0495	**Issuance Date** August 13, 1971	**Effective Date** April 1, 2002	**Expiration Date** March 31, 2003
Name and Address of Applicant Alfred Heller Heat Treating Co. P.O. Box 330 Clifton, N.J. 07011		**Location of Activity/Facility** Clifton City, Passaic County / 5 Wellington St. Building 1 & 2	
		Type of Permit RENEWAL PHYSICAL CONNECTION	**Statute(s)** NJSA 58:11-9.1 et seq. and NJSA 58:12A-1 et seq.

This permit grants permission to: Maintain, own and operate a Physical Connection between an approved Public Community Water System and an Unapproved Water Supply at the above named location, in consideration of the Renewal Permit Application received **April 9, 2002.**

Number, Type and Size of Backflow Preventor Valves Permitted- **Two 2 inch RPZs**
Owner of Approved Public Water System- **Passaic Valley Water Comm**
Local Administrative Authority- **Clifton City Health Dept.**
Source of Unapproved Water Supply- **Private Well**

This Permit is subject to the Following Specific Conditions:

1. The above listed valves shall be tested for tightness, under prevailing pressure conditions at least **once every three months.** N.J.A.C. 7:10-10.6. *Seasonal facilities shall be tested upon opening and once every three months while in operation.*

2. The above listed **DCVA - DCDC** valves shall be disassembled and internally inspected for integrity of the internal mechanism annually, within six months prior to the submission of an application for permit renewal. N.J.A.C. 7:10-10.6(a)2. *A Reduced Pressure Zone (**RPZ**) valve shall not be subject to the annual internal inspection except as provided in N.J.A.C. 7:10-10.6(a)4.*

3. The owner of the facility where the physical connection exists shall either: Arrange for witnessing of these tests and annual internal inspection with a representative of the supplier of water and / or the local administrative authority, to be conducted by a representative of the owner. Or shall use a certified tester who holds a valid backflow prevention device testers certificate issued by a certifying agency approved by the Department, as per N.J.A.C. 7:10-10.8(f). *The supplier of water and the local administrative authority may require a representative be present to witness tests & inspections preformed by a certified tester.*

4. Upon completion of each test and inspection, the owner of the facility shall have the results and certifications of those present recorded on the Quarterly Test and Maintenance Report Form, and shall mail copies to the local administrative authority and supplier of water within 5 days of the test. Prior to expiration of this permit complete the Physical Connection Permit Renewal Application Form and submit it to the Department with all the Quarterly Test and Maintenance Report forms from the preceding permit year as per N.J.A.C. 7:10-10.5(b).

cc: Passaic Valley Water Comm
Clifton City Health Dept.

Approved by the authority of:
Dennis Hart, Administrator
Water Supply Administration

Barker Hamill, Bureau Chief

* The word permit means approval, certification, registration, etc.

This permit is subject to the following **GENERAL CONDITIONS**:

1. The permit is revocable, or subject to modification or change, at any time, when in the judgment of the New Jersey Department of Environmental Protection such revocation, modification or change shall be necessary.

2. The issuance of this permit shall not be deemed to affect in any way action by the New Jersey Department of Environmental Protection on any future application.

3. The works, facilities and/or activities shown by plans and/or other engineering data, which are this day approved, subject to the conditions herewith established, shall be constructed and/or executed in conformity with such plans and/or engineering data and said conditions.

4. No administrative change to an existing Physical Connection Permit shall be made without notifying the New Jersey Department of Environmental Protection within 14 days of such change, as per N.J.A.C. 7:10-10.7(a).

5. No modification to an approved physical connection installation listed in N.J.A.C 7:10-10.7(b) shall be made prior to submitting a written request and an application to modify the existing Physical Connection Permit.

6. The granting of this permit shall not be construed in any way to affect the title or ownership of property, and shall not make the Department of Environmental Protection or the State a party in any suit or question of ownership of property.

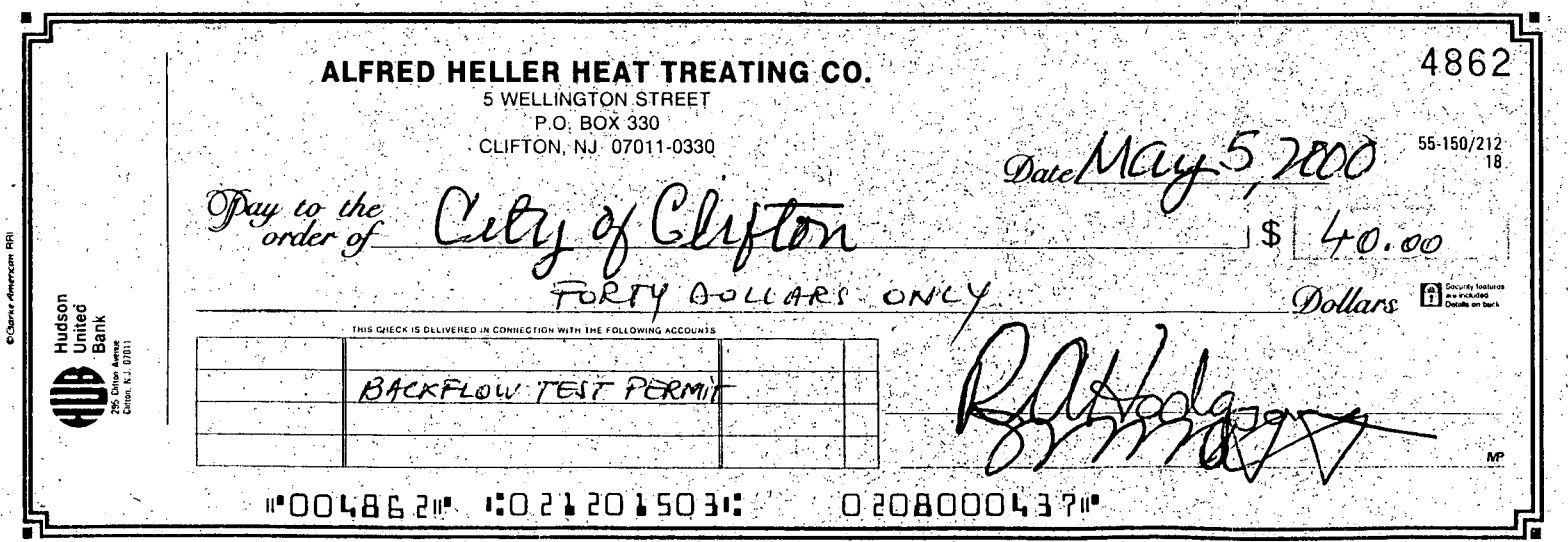
7. This permit does not waive the obtaining of Federal or other State or local Government consent when necessary. This permit is not valid and no work shall be undertaken until such time as all other required approvals and permits have been obtained.

8. A copy of this Permit and records of quarterly tests, maintenance and annual internal inspections shall be kept at the facility, and shall be exhibited upon request of any person.

9. In the examination of plans and/or other engineering data, the New Jersey Department of Environmental Protection does not examine the structural features of the design, such as thickness of concrete or its reinforcement, the efficiency of any electrical or mechanical equipment or apparatus; and the approval herewith given does not include these features.

10. For this permit to remain valid, each Physical Connection Installation Backflow Preventor Valve approved in this permit shall tested for tightness under prevailing conditions, internally inspected and maintained in accordance with N.J.A.C. 7:10-10.6.

11. Any approved Physical Connection Installation that fails a pressure test or internal inspection shall be repaired and retest within 30 days in accordance with N.J.A.C. 7:10-10.6(g). If the approved Physical Connection cannot be repaired it shall be replaced. The permit holder shall follow the Permit Modification Procedure outlined in N.J.A.C. 7:10-10.7.



ALFRED HELLER HEAT TREATING CO.
5 WELLINGTON STREET
P.O. BOX 330
CLIFTON, NJ 07011-0330

4862

55-150/212
18

Date May 5, 2000

Pay to the order of City of Clifton $ 40.00

FORTY DOLLARS ONLY Dollars

Security features are included Details on back

THIS CHECK IS DELIVERED IN CONNECTION WITH THE FOLLOWING ACCOUNTS

BACKFLOW TEST PERMIT

MP

Hudson United Bank
295 Clifton Avenue
Clifton, N.J. 07011

©Clarke American RRI

⑈004862⑈ ⑆021201503⑆ 0208000437⑈

Telephone N. J. 772-4200

PURCHASE ORDER

ALFRED HELLER HEAT TREATING CO.
HEAT TREATING SPECIALISTS
5 WELLINGTON STREET
P.O. BOX 330
CLIFTON, N.J. 07011

Purchase Order No. 09242

TO: CHM PLUMBING

SHIP TO: Same as above.

DATE	DATE REQUESTED	TERMS	F.O.B.	SHIP VIA	DEPT.	FOR OUR USE ☐	FOR RESALE ☐
6/5/01	6/05/01				Maint.		

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	Pretesting, open and clean backflow preventer Bldg 1, tested both preventer bldg 1 and 2. - OK.		
	By acceptance of this purchase order, the supplier agrees that the material manufactured satisfies all current governmental and safety constraints on restricted, toxic and hazardous materials; as well as environmental electrical and electromagnetic considerations applicable to the country of manufacture and sale and proof is kept at supplier facility		

IMPORTANT
OUR ORDER NUMBER MUST APPEAR ON ALL CORRESPONDENCE, INVOICES AND PACKAGES. NOTIFY US IMMEDIATELY IF UNABLE TO SHIP ORDER COMPLETE BY DATE SPECIFIED.

Purchaser maintains the right to audit the supplier to assure the quality of the product being purchased.

BY Maureen

Physical Connection Permit No._____

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Water Supply Administration - Bureau of Safe Drinking Water
401 East State Street - P. O. Box 426, Trenton, New Jersey 08625-0426

Physical Connection Permit - Renewal Application Form

Applicant/Owner_____
Permanent Legal Address_____
City/Town_____ State_____ Zip Code_____
Telephone ( )_____ Fax Number ( )_____
Contact Person Name_____ Title_____

Signature_____ Date_____

Name of Public Water System_____
Name of Local Administrative Authority_____
Location of Facility_____
Name of Facility, if applicable_____
Address (Street/Road)_____
Municipality_____ County_____

Number, Type(s), Size(s) and Location(s) of Backflow Preventor Valve(s) Permitted:

_____
_____
_____
_____
_____
_____
_____
_____

Records of Quarterly Testing and Annual Internal Inspection:

Witnessed By or Performed on: (Enter Date - Indicate Result – Comment Below)

Pressure Tests:	Supplier of Water	Local Authority Health or Plumbing Inspector	Certified Tester	
1st Quarter 4/1 – 6/31	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	
2nd Quarter 7/1 – 9/30	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	Double Check Valve *Internal Inspection
3rd Quarter 10/1 – 12/31	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK
4th Quarter 1/1 – 3/31	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK

* The Annual Internal Inspection is not required for Reduced Pressure Zone Valves except as provided by N.J.A.C. 7:10-10.6(a

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st ☐ Quarter 4/1-6/30 2nd ☐ Quarter 7/1-9/30 3rd ☐ Quarter 10/1-12/31 4th ☐ Quarter 1/1-3/31

Physical Connection Permit No. _____

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 Days of each test & Inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

Date of Test ____/____/____

To: _____

From: (Name of Permit Holder) _____

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer of Valve _____

Model Number _____ RPZ ☐ DCVA ☐

Serial Number _____ Size _____ in.

Location of Valve

_____

_____

_____

Comments & Notations _____

	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
	1ST Check	2nd Check	Relief Valve	1ST Check	2ND Check
Initial Test Passed ☐ Failed ☐	Closed Tight ☐ at_____psid Leaked ☐	Closed Tight ☐ at_____psid Leaked ☐	Opened at_____psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
	No. 2 Shut-off Valve Closed Tight ☐ Leaked ☐ By-pass used ☐				
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ _____psid	Closed Tight ☐ _____psid	Opened at_____psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True.

Certified Testers Name _____

Certified Testers Signature _____

Certifying Authority _____

Cert. ID# _____ Expiration Date ____/____/____

Witnesses to test & Inspection

Name _____ Title _____

Representing _____

Name _____ Title _____

Representing _____

Telephone N. J. 772-4200

PURCHASE ORDER

ALFRED HELLER HEAT TREATING CO.
HEAT TREATING SPECIALISTS
5 WELLINGTON STREET
P.O. BOX 330
CLIFTON, N.J. 07011

Purchase Order No. 12876

TO: CFM Plumbing

SHIP TO: Same as above

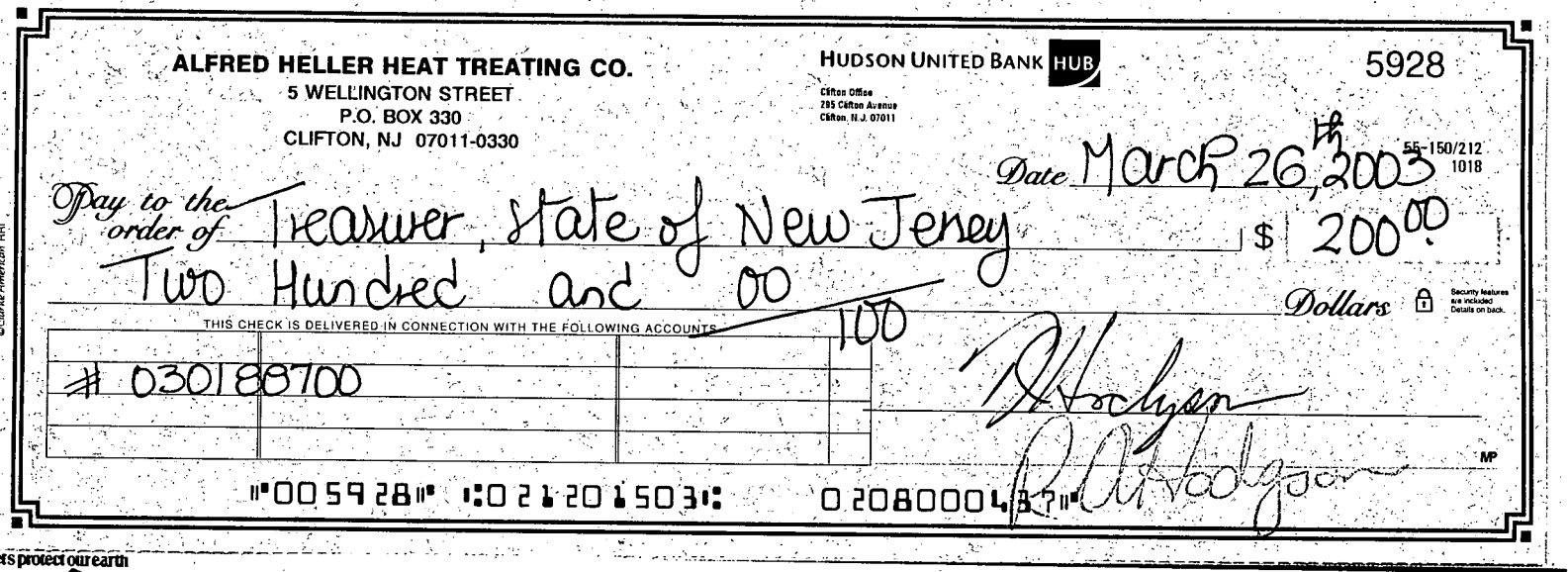
DATE	DATE REQUESTED	TERMS	F.O.B.	SHIP VIA	DEPT.	FOR OUR USE	FOR RESALE
3/25/03	3/25/03				General Plant	☐	☐

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	Backflow preventer test for permit		
	By acceptance of this purchase order, the supplier agrees that the material manufactured satisfies all current governmental and safety constraints on restricted, toxic and hazardous materials; as well as environmental electrical and electromagnetic considerations applicable to the country of manufacture and sale and proof is kept at supplier facility		

IMPORTANT
OUR ORDER NUMBER MUST APPEAR ON ALL CORRESPONDENCE, INVOICES AND PACKAGES. NOTIFY US IMMEDIATELY IF UNABLE TO SHIP ORDER COMPLETE BY DATE SPECIFIED.

Purchaser maintains the right to audit the supplier to assure the quality of the product being purchased.

BY _____



ALFRED HELLER HEAT TREATING CO.
5 WELLINGTON STREET
P.O. BOX 330
CLIFTON, NJ 07011-0330

HUDSON UNITED BANK HUB
Clifton Office
295 Clifton Avenue
Clifton, N.J. 07011

5928

55-150/212
1018

Date March 26th 2003

Pay to the order of Treasurer, State of New Jersey $ 200.00

Two Hundred and 00/100 Dollars

Security features are included. Details on back.

THIS CHECK IS DELIVERED IN CONNECTION WITH THE FOLLOWING ACCOUNTS

030188700

⑈005928⑈ ⑆021201503⑆ 0208000437⑈

MP

©Clarke American RRI

Let's protect our earth

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

NEW JERSEY SAFE DRINKING WATER ANNUAL PHYSICAL CONNECTION INVOICE

INVOICE NO.
030188700

Program Interest ID	Type of Notice	Billing Date	Due Date	NJEMS Bill ID	Amount Due
0495	ORIGINAL(NON-INITIAL)	03/04/03	04/03/03	000000007675800	$ 200.00

For name and/or address change, check box and write corrections on the back of this invoice. ☐

DO NOT FOLD, BEND OR MARK

Enter the Amount of your Payment ☞ $ 200 .00

RETURN THIS PORTION with your check made payable to:

TREASURER - STATE OF NEW JERSEY

and mail to:

NJ DEPARTMENT OF TREASURY
DIVISION OF REVENUE
PO BOX 417
TRENTON, NJ 08646-0417

ALFRED HELLER HEAT TREATING CO
81
PO BOX 330
Clifton NJ 07011-0330

EP10101010101010101010100004090511111100002000000019803018870048l4

Cross Connection Control Device Performance Test

Attachment Bulletin 99-2

.rol Device Permit No. 0495

3/25/03
Date of Test

Owner Information

.ier Name ALFRED HELLER	Street Address 5 WELLINGTON STREET
City CLIFTON	State, Zip Code N.J. 07011

Project Information

Project Name Alfred Heller Heat Treating	Street Address 5 Wellington St
City, State, Zip Code CLIFTON NJ 07011	County
Assembly Location	

Manufacturer	Model	Serial Number
WATTS	909 QT	38799

Size 2" Assembly Type: ✓ RP ___ RP Detector ___ DCV ___ DCV Detector ___ PVB

INITIAL TEST

1ST Check	2nd Check	RP relief valve
9 PSIG Closed tight	✓ Closed tight	Opened at 3.25 PSID
___ Leaked	___ Leaked	___ Did not open
Static ___ PSID	Static ___ PSID	

FINAL TEST

___ Closed tight	___ Closed tight	Opened at ___ PSID
Static ___ PSID	Static ___ PSID	

ECTOR BYPASS ASSEMBLY INITIAL TEST

1ST Check	2nd Check	RP relief valve
___ Closed tight	___ Closed tight	Opened at ___ PSID
___ Leaked	___ Leaked	___ Did not open
Static ___ PSID	Static ___ PSID	

DETECTOR BYPASS ASSEMBLY FINAL TEST

___ Closed tight	___ Closed tight	Opened at ___ PSID
Static ___ PSID	Static ___ PSID	

PRESSURE VACUUM BREAKER INITIAL TEST

Air inlet valve	Check valve
Opened at ___ PSID	___ Closed tight
___ Did not open	___ Leaked
	Static ___ PSID

PRESSURE VACUUM BREAKER FINAL TEST

Air inlet valve	Check valve
Opened at ___ PSID	___ Closed tight
	Static ___ PSID

BACKFLOW ASSEMBLIES IN FIRE PROTECTION SYSTEMS

Note: Include hose stream demand where applicable

Forward flow test

Designed flow rate ___ GPM — Actual flow rate ___ GPM

No. of nozzles flowed ___ — Nozzle size ___ — Pitot pressure ___ PSID

Inlet flow pressure ___ PSI — Outlet flow pressure ___ PSI

Control Valves

___ No. one shut-off valve open ___ No. two shut-off valve open Valve supervision: ___ Tamper switch ___ Locked

I HEREBY CERTIFY THE TEST RESULTS ARE TRUE AND THE TEST WAS CONDUCTED BY ME PERSONALLY.

Certified Tester Name PATRICK BURKE (Type or Print) — Cert. Tester No. 6824

Cert. Tester Signature Patrick Burke — Expiration Date 11/05

Address 305 CONKLINTOWN Rd
RINGWOOD NJ 07456

Telephone No. 973 835 6227

Date 3/25/03

Cross Connection Control Device Performance Test

Attachment Bulletin 99-2

.rol Device Permit No. 0495

3/25/03 Date of Test

Owner Information

.ier Name ALFRED Heller | Street Address 5 Wellington St

City CLIFTON | State, Zip Code NJ 07011

Project Information

Project Name ALFRED Heller Heat Treating | Street Address 5 Wellington St

City, State, Zip Code CLIFTON NJ 07011 | County

Assembly Location

Manufacturer HERSEY SPARLING | Model FRP II | Serial Number NA

Size 2" Assembly Type: X RP ___RP Detector ___DCV ___DCV Detector ___PVB

INITIAL TEST

1ST Check
6.78 Closed tight
___Leaked
Static ___PSID

2nd Check
✓ Closed tight
___Leaked
Static ___PSID

RP relief valve
Opened at 2 3/4 PSID
___Did not open

FINAL TEST

___Closed tight
Static ___PSID

___Closed tight
Static ___PSID

Opened at ___PSID

ECTOR BYPASS ASSEMBLY INITIAL TEST

1ST Check
___Closed tight
___Leaked
Static ___PSID

2nd Check
___Closed tight
___Leaked
Static ___PSID

RP relief valve
Opened at ___PSID
___Did not open

DETECTOR BYPASS ASSEMBLY FINAL TEST

___Closed tight
Static ___PSID

___Closed tight
Static ___PSID

Opened at ___PSID

PRESSURE VACUUM BREAKER INITIAL TEST

Air inlet valve
Opened at ___PSID
___Did not open

Check valve
___Closed tight
___Leaked
Static ___PSID

PRESSURE VACUUM BREAKER FINAL TEST

Air inlet valve
Opened at ___PSID

Check valve
___Closed tight
Static ___PSID

BACKFLOW ASSEMBLIES IN FIRE PROTECTION SYSTEMS

Note: Include hose stream demand where applicable

Forward flow test
Designed flow rate ___GPM
No. of nozzles flowed ___
Inlet flow pressure ___PSI

Actual flow rate ___GPM
Nozzle size ___
Outlet flow pressure ___PSI

Pitot pressure ___PSID

Control Valves

___No. one shut-off valve open ___No. two shut-off valve open Valve supervision: ___Tamper switch ___Locked

I HEREBY CERTIFY THE TEST RESULTS ARE TRUE AND THE TEST WAS CONDUCTED BY ME PERSONALLY.

Certified Tester Name PATRICK BURKE (Type or Print) | Cert. Tester No. 6824

Cert. Tester Signature Patrick Burke | Expiration Date 11/2005

Address 305 Conklintown Rd, Ringwood NJ 07456 | Telephone No. 973 835 6227

Date 3/25/03

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st ☐ Quarter 4/1-6/30 2nd ☐ Quarter 7/1-9/30 3rd ☐ Quarter 10/1-12/31 4th ☑ Quarter 1/1-3/31

Physical Connection Permit No. 0495

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 Days of each test & Inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

Date of Test 3/25/08

To: _____

From: (Name of Permit Holder)
ALFRED HELLER HEAT TREATING

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer of Valve Hersey Sparling
Model Number FRP II RPZ ☐ DCVA ☑
Serial Number N/A Size 2 in.

Location of Valve

ALFRED Heller Heat Treating
5 Wellington St
Clifton NJ 07011

Comments & Notations _____

	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
	1ST Check	2nd Check	Relief Valve	1ST Check	2ND Check
Initial Test Passed ☑ Failed ☐	Closed Tight ☐ at 6.78 psid Leaked ☐	Closed Tight ☑ at _____ psid Leaked ☐	Opened at 2 3/4 psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
	No. 2 Shut-off Valve Closed Tight ☐ Leaked ☐ By-pass used ☐				
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ _____ psid	Closed Tight ☐ _____ psid	Opened at ____ psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True.

Certified Testers Name Patrick Burke
Certified Testers Signature Patrick Burke
Certifying Authority NEWW
Cert. ID# 6824 Expiration Date 11/31/08

Witnesses to test & Inspection

Name MARK ROMAIN Title Supervisor
Representing PASSAIC VALLEY WATER
Name _____ Title _____
Representing _____

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
Quarterly Physical Connection Test & Maintenance Report

1st ☐ Quarter 4/1-6/30 2nd ☐ Quarter 7/1-9/30 3rd ☐ Quarter 10/1-12/31 4th ☑ Quarter 1/1-3/31

Physical Connection Permit No. 0495

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 Days of each test & Inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

Date of Test 3/25/03

To: _____

From: (Name of Permit Holder)
ALFRED HELLER HEAT TREATING

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve
Manufacturer of Valve Watts
Model Number 909 QT RPZ ☑ DCVA ☐
Serial Number 38799 Size 2" in.

Location of Valve
ALFRED HELLER HEAT TREATING
5 WELLINGTON STR.
CLIFTON N.J. 07011

Comments & Notations _____

	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
	1ST Check	2nd Check	Relief Valve	1ST Check	2ND Check
Initial Test Passed ☑ Failed ☐	Closed Tight ☐ at 9 psid Leaked ☐ No. 2 Shut-off Valve Closed Tight ☐ Leaked ☐ By-pass used ☐	Closed Tight ☑ at _____ psid Leaked ☐	Opened at 3.25 psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ _____ psid	Closed Tight ☐ _____ psid	Opened at ____ psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True.

Certified Testers Name Patrick Burke
Certified Testers Signature Patrick Burke
Certifying Authority NEWW
Cert. ID# 6824 Expiration Date 1/31/03

Witnesses to test & Inspection

Name MARK ROMAIN Title Supervisor
Representing PASSAIC VALLEY WATER
Name _____ Title _____
Representing _____

Permit No: _____

1. **Certifications by Supplier of Water:**
On 3/25/03 The Supplier of Water for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of the Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.
Name of the Supplier of Water PASSAIC Valley Water Commission

Name Mark Romain

Title Supervisor

Signature Mark T. Romain

2. **Certification by Local Administrative Authority:**
On ___/___/___ The Local Administrative Authority for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.
Name of Local Administrative Authority _____

Name _____

Title _____

Signature _____

3. **Certification by the Certified Tester:**
On 3/25/03 I Hereby Certify that: The Backflow Prevention Device(s) listed on the reverse side for this form were functioning satisfactorily at the time of the test.
Name of Firm CHM Plumbing
Address 305 Conklingtown Rd Ringwood NJ 07456
Testers Name(s) Patrick Burke
Testers School NEWW
Certified Testers No. 6824 Testers Signature Patrick Burke

Instructions: This Form **BSDW-PCR-076** is to be submitted after the Fourth Quarter Test and Inspection has been completed with: The **Quarterly Physical Connection Test and Maintenance Report** forms **BSDW-QPCTMR**, for each test of each approved valve, the **Annual Physical Connection Fee Invoice** and **$200.00 Fee.**

Physical Connection Permit No. 0495

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Water Supply Administration - Bureau of Safe Drinking Water
401 East State Street - P. O. Box 426, Trenton, New Jersey 08625-0426

Physical Connection Permit - Renewal Application Form

Applicant/Owner ALFRED HELLER HEAT TREATING
Permanent Legal Address 5 WELLINGTON STREET
City/Town CLIFTON State N.J. Zip Code 07011
Telephone (973) 772 4200 Fax Number (973) 772 0433
Contact Person Name BOGDAN MARINESCU Title PLANT ENGINEER

Signature [signature] Date 3/24/03

Name of Public Water System PASSAIC VALLEY WATER COMM
Name of Local Administrative Authority CITY OF CLIFTON
Location of Facility 5 WELLINGTON STREET
Name of Facility, if applicable ALFRED HELLER HEAT TREATING
Address (Street/Road) SAME AS ABOVE
Municipality CLIFTON County PASSAIC

Number, Type(s), Size(s) and Location(s) of Backflow Preventor Valve(s) Permitted:
HERSEY SPARLING, 2" - BUILDING 1, MODEL # FRP II
WATTS RP2, 2" - BUILDING 2, MODEL # 009 - QT M2

Records of Quarterly Testing and Annual Internal Inspection:

Witnessed By or Performed on: (Enter Date - Indicate Result – Comment Below)

Pressure Tests:	Supplier of Water	Local Authority Health or Plumbing Inspector	Certified Tester	Double Check Valve *Internal Inspection
1st Quarter 4/1 – 6/31	/ / ☐ OK	/ / ☐ OK	/ / ☐ OK	
2nd Quarter 7/1 – 9/30	/ / ☐ OK	/ / ☐ OK	/ / ☐ OK	
3rd Quarter 10/1 – 12/31	12 14 02 ☒ OK PWC Romain PASSED 2 VALVES	/ / ☐ OK	12 14 02 ☒ OK Patrick Burke CHM Plumbing	/ / ☐ OK
4th Quarter 1/1 – 3/31	3 12 03 ☒ OK PASSAIC VALLEY WATER COMM - PASSED, VALVES OK	/ / ☐ OK	3 12 03 ☒ OK Patrick Burke CHM Plumbing	/ / ☐ OK

* The Annual Internal Inspection is not required for Reduced Pressure Zone Valves except as provided by N.J.A.C. 7:10-10.6(a)

Permit No: 0459

1. Certifications by Supplier of Water:

On ___/___/___ The Supplier of Water for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of the Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.

Name of the Supplier of Water PASSAIC

Name _____

Title _____

Signature _____

2. Certification by Local Administrative Authority:

On 4/14/00 The Local Administrative Authority for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.

Name of Local Administrative Authority City of CLIFTON, N.J

Name S. GOLDSTEIN

Title PLUMBING INSPECTOR

Signature S. Goldstein

3. Certification by the Certified Tester:

On 4/14/00 I Hereby Certify that: The Backflow Prevention Device(s) listed on the reverse side for this form were functioning satisfactorily at the time of the test.

Name of Firm C H M PLUMBING & BACKFLOW PATRICK BURKE

Address 305 COMKLINTOWN Rd RINGWOOD NJ

Testers Name(s) PATRICK BURKE

Testers School NWW

Certified Testers No. 6824 Testers Signature Patrick Burke

Instructions: This Form **BSDW-PCR-076** is to be submitted after the Fourth Quarter Test and Inspection has been completed with: The **Quarterly Physical Connection Test and Maintenance Report** forms **BSDW-QPCTMR**, for each test of each approved valve, the **Annual Physical Connection Fee Invoice** and **$200.00 Fee.**

For Information Call:
Permit No. 012262

APPROVAL FOR PLUMBING

	Date	Inspector
[ ] Slab		
[ ] Rough		
[ ] Water		
[ ] Gas		
[ ] Mechanical		
[ ] Sewer		
[X] Other BACK FLOW (2) TEST	6/5/01	JG
[ ] Other		
[ ] Final		

U.C.C. F223
(rev. 3/96)

Physical Connection Permit No. 0459

te of New Jersey
NVIRONMENTAL PROTECTION
ration - Bureau of Safe Drinking Water
. Box 426, Trenton, New Jersey 08625-0426
ermit - Renewal Application Form

EAT TREATING CO.
N STREET
State N.J. Zip Code 07011
Fax Number (973) 772-0433
SCU Title PLANT ENGINEER
Date 4/14/00

Name of Local Administrative Authority CITY OF CLIFTON
Location of Facility 5 WELLINGTON STREET.
Name of Facility, if applicable ALFRED HELLER HEAT TREATING
Address (Street/Road) SAME AS ABOVE
Municipality CLIFTON County PASSAIC

Number, Type(s), Size(s) and Location(s) of Backflow Preventor Valve(s) Permitted:
HERSEY SPARLING, 2" - BUILDING 1., model # FRP II
WATTS RP2, 2" - BUILDING 2, model # 009-QT M2.

Records of Quarterly Testing and Annual Internal Inspection:

Witnessed By or Performed on: (Enter Date - Indicate Result – Comment Below)

Pressure Tests:	Supplier of Water	Local Authority Health or Plumbing Inspector	Certified Tester	Double Check Valve *Internal Inspection
1st Quarter 4/1 – 6/31	4/14/00 ☐ OK	4/14/00 ☒ OK	4/14/00 ☒ OK Patrick Burke	
2nd Quarter 7/1 – 9/30	/ / ☐ OK	/ / ☐ OK	/ / ☐ OK	/ / ☐ OK
3rd Quarter 10/1 – 12/31	/ / ☐ OK	/ / ☐ OK	/ / ☐ OK	/ / ☐ OK
4th Quarter 1/1 – 3/31	/ / ☐ OK	/ / ☐ OK	/ / ☐ OK	/ / ☐ OK

* The Annual Internal Inspection is not required for Reduced Pressure Zone Valves except as provided by N.J.A.C. 7:10-10.6(a)4

CLIFTON
CITY CLERK
OFFICE

05/05/00 9:42AM 01
00000 #0759 B N

CLIFTON
N AVENUE
ERSEY 07013

P00007
BUILDING FEE $40.00

CK# $40.00

Date Issued 05/05/2000
Control #
Permit # 001502

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 10.10 Lot 1 Qual

Work Site Location 362 GETTY AVE(EMERGENCTY & EX
5 WELLINGTON
Owner in Fee ALFRED HELLER HEAT TREATING CO
Address 5 WELLINGTON ST
CLIFTON, NJ 07011-
Telephone (973)772-4200

Contractor CHN PLUMBING & HEATING
Address 305 CONKLINTOWN RD
RINGWOOD, NJ 07456-
Telephone (973)835-0736
Lic. No. or Bldrs. Reg. No. 10971
Federal Emp. No. 13-6022178

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
BACKFLOW PREVENTER TEST

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 400

Construction Official

05/05/2000
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	40
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	40
Check No.	
Cash	X
Collected By	JS

U.C.C. F170 (rev. 3/96)

City of Clifton

DEPARTMENT OF PUBLIC WORKS
BUREAU OF CODE ENFORCEMENT
900 CLIFTON AVENUE
CLIFTON, NEW JERSEY 07013

DENNIS KOLANO
CONSTRUCTION OFFICIAL

(973) 470-5809
FAX: (973) 470-0617

Date: 4-20-00

Dear owner:

Our records do not indicate that a permit was taken for a BACK FLO TEST installed at your address. It is unlawful to install work without a proper permit and you might be subject to a penalty because of this.

Please have the proper person acquire a permit and schedule and inspection from this office 470-5809 to avoid being served a notice of violation.

You have 10 days to respond to this notice from the above date.

Very truly yours,

Sy Goldstern
Plumbing Sub Code Official

Permit No: 0459

1. Certifications by Supplier of Water:

On ___/___/___ The Supplier of Water for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of the Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.

Name of the Supplier of Water PASSAIC

Name _____

Title _____

Signature _____

2. Certification by Local Administrative Authority:

On 4/14/00 The Local Administrative Authority for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.

Name of Local Administrative Authority City of CLIFTON, N.J

Name S. GOLDSTEIN

Title PLUMBING INSPECTOR

Signature S. Goldstein

3. Certification by the Certified Tester:

On 4/14/00 I Hereby Certify that: The Backflow Prevention Device(s) listed on the reverse side for this form were functioning satisfactorily at the time of the test.

Name of Firm C H M PLUMBING & BACKFLOW PATRICK BURKE

Address 305 COUKLINTOWN Rd RINGWOOD NJ

Testers Name(s) PATRICK BURKE

Testers School NWW

Certified Testers No. 6824 Testers Signature Patrick Burke

Instructions: This Form **BSDW-PCR-076** is to be submitted after the Fourth Quarter Test and Inspection has been completed with: The **Quarterly Physical Connection Test and Maintenance Report** forms **BSDW-QPCTMR**, for each test of each approved valve, the **Annual Physical Connection Fee Invoice** and **$200.00 Fee.**

BSDW-PCR-076
03/99 Page 1 of 2

Physical Connection Permit No. 0459

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Water Supply Administration - Bureau of Safe Drinking Water
401 East State Street - P. O. Box 426, Trenton, New Jersey 08625-0426

Physical Connection Permit - Renewal Application Form

Applicant/Owner ALFRED HELLER HEAT TREATING CO
Permanent Legal Address 5 WELLINGTON STREET
City/Town CLIFTON State N.J. Zip Code 07011
Telephone (973) 772-4200 Fax Number (973) 772-0433
Contact Person Name BOGDAN MARINESCU Title PLANT ENGINEER

Signature [signature] Date 4/14/00

Name of Public Water System PASSAIC
Name of Local Administrative Authority CITY OF CLIFTON
Location of Facility 5 WELLINGTON STREET.
Name of Facility, if applicable ALFRED HELLER HEAT TREATING
Address (Street/Road) SAME AS ABOVE
Municipality CLIFTON County PASSAIC

Number, Type(s), Size(s) and Location(s) of Backflow Preventor Valve(s) Permitted:
HERSEY SPARLING, 2" - BUILDING 1, model # FRP II
WATTS RP2, 2" - BUILDING 2, model # 009-QT-M2

Records of Quarterly Testing and Annual Internal Inspection:

Pressure Tests:	Witnessed By or Performed on: (Enter Date - Indicate Result – Comment Below) Supplier of Water	Local Authority Health or Plumbing Inspector	Certified Tester	Double Check Valve *Internal Inspection
1st Quarter 4/1 – 6/31	4/14/00 ☐ OK	4/14/00 ☑ OK	4/14/00 ☑ OK Patrick Burke	
2nd Quarter 7/1 – 9/30	__/__/__ ☐ OK	__/__/__ ☐ OK	__/__/__ ☐ OK	
3rd Quarter 10/1 – 12/31	__/__/__ ☐ OK	__/__/__ ☐ OK	__/__/__ ☐ OK	__/__/__ ☐ OK
4th Quarter 1/1 – 3/31	__/__/__ ☐ OK	__/__/__ ☐ OK	__/__/__ ☐ OK	__/__/__ ☐ OK

* The Annual Internal Inspection is not required for Reduced Pressure Zone Valves except as provided by N.J.A.C. 7:10-10.6(a)4

BSDW-PC-PT(2/95)

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER SUPPLY ELEMENT
BUREAU OF SAFE DRINKING WATER
Quarterly Physical Connection Test and Maintenance Report

1st QUARTER 4-2/6-30 ☑ | 2nd QUARTER 7-2/9-30 ☐ | 3rd QUARTER 10-1/12-31 ☐ | 4th QUARTER 1-1/3-31 ☐ | INITIAL TEST ☐

April 14 00
Date of Test

For Physical Connection Permit No. 0459
(Please fill out one form for each device)

TO: City of Clifton (WATER PURVEYOR) and TO: _____ (HEALTH AUTHORITY)

Attn: Physical Connection Section

The backflow prevention device hereon has been tested and maintained as required by N.J.A.C. 7:10-10.1 et seq. and is certified to comply with these rules and regulations

Make of Device Hersey Sparling
Model Number FRP II
Serial Number N/A
Type of Device ☐ DC ☑ RP

size 2" ø (INCH)
located at Alfred Heller Heat Treating (FACILITY NAME)
5 Wellington St (ADDRESS)
Clifton NJ 07011

	PRESSURE TEST			INTERNAL INSPECTION	
	Reduced Pressure Devices			Double Check Devices	
	Double Check Devices		Relief Valve	1st check	2nd check
	1st check	2nd check			
Initial Test	DC-Closed Tight ☐ RP- 6 psid Leaked ☐	Closed Tight ☑ Leaked ☐ SHUTOFF VALVE #2 Tight ☑ Leaked ☐ Bypass used ☐	Opened at 2.75 psid	OK ☐ Failed ☐	OK ☐ Failed ☐
Repairs and Materials Used					
Test After Repair Assembly	DC-Closed Tight ☐ RP-____psid	Closed Tight ☐	Opened at ____ psid	DC-Closed Tight ☐	Closed Tight ☐

The above is certified to be true.

Firm CHM Plumbing & Backflow Cross (NAME) and/or CONNECTION
305 Conklintown Rd Ringwood (ADDRESS)

Certified Tester Name Patrick Burke (TYPE OR PRINT)
Patrick Burke (SIGNATURE)

Cert. Tester No. 6824 Expiration Date 11-02

WITNESSING AUTHORITY(ies)

Health Sy Goldstern (PRINT NAME) Plumbing Inspector (TITLE)
Sy Goldstern (SIGNATURE)

Water _____ (PRINT NAME) _____ (TITLE)
_____ (SIGNATURE)

Telephone N. J. 772-4200

PURCHASE ORDER

ALFRED HELLER HEAT TREATING CO.
HEAT TREATING SPECIALISTS
5 WELLINGTON STREET
P.O. BOX 330
CLIFTON, N.J. 07011

Purchase Order No. 07445

TO: CHM PLUMBING

SHIP TO: Same as above

DATE	DATE REQUESTED	TERMS	F.O.B.	SHIP VIA	DEPT.	FOR OUR USE	FOR RESALE
4/14/00	4/14/00				INTERCONNECTORS PERMIT	☐	☐

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	Quarterly test for water interconnectors (city - well) for permit application		

IMPORTANT
OUR ORDER NUMBER MUST APPEAR ON ALL CORRESPONDENCE, INVOICES AND PACKAGES. NOTIFY US IMMEDIATELY IF UNABLE TO SHIP ORDER COMPLETE BY DATE SPECIFIED.

By acceptance of this purchase order, the supplier agrees that the material manufactured satisfies all current governmental and safety constraints on restricted, toxic and hazardous materials; as well as environmental electrical and electromagnetic considerations applicable to the country of manufacture and sale and proof is kept at supplier facility

BY

Purchaser maintains the right to audit the supplier to assure the quality of the product being purchased.

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st [✓] 2nd [ ] 3rd [ ] 4th [ ]
Quarter 4/1-6/30 | Quarter 7/1-9/30 | Quarter 10/1-12/31 | Quarter 1/1-3/31

Physical Connection Permit No. 0459

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 Days of each test & Inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

Date of Test 6/05/01

To: CITY of CLIFTON

From: (Name of Permit Holder)
ALFRED HELLER HEAT TREATING
5 WELLINGTON ST
CLIFTON NJ 07011

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer of Valve WATTS
Model Number 009-QT M2RPZ [✓] DCVA [ ]
Serial Number _____ Size _____ in.

Location of Valve

Comments & Notations _____

	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
	1ST Check	2nd Check	Relief Valve	1ST Check	2ND Check
Initial Test	Closed Tight [ ] at 8 1/4 psid	Closed Tight [✓] at _____ psid	Opened at 4 1/2 psid	OK [ ]	OK [ ]
Passed [ ]	Leaked [ ]	Leaked [ ]		Failed [✓]	Failed [ ]
Failed [ ]	No. 2 Shut-off Valve Closed Tight [ ] Leaked [✓] By-pass used [ ]		Did Not Open [ ]		
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight [ ] _____ psid	Closed Tight [ ] _____ psid	Opened at _____ psid	OK [ ]	OK [✓]

The Results Shown Above are Certified to be True.

Certified Testers Name PATRICK BOURKE
Certified Testers Signature Patrick Bourke
Certifying Authority NEW ENGLAND WATER WORKS
Cert. ID# 6824 Expiration Date 11/31/02

Witnesses to test & Inspection

Name Sy GOLDSTERN Title PLUMBING OFFICIAL
Representing CITY of CLIFTON
Name Sy Goldstern Title
Representing

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st ☑ 2nd ☐ 3rd ☐ 4th ☐

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
4/1-6/30	7/1-9/30	10/1-12/31	1/1-3/31

Physical Connection Permit No. 0459

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 Days of each test & Inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

Date of Test 6/05/01

To: City of Clifton

From: (Name of Permit Holder)
Alfred Heller Heat Treating
5 Wellington St
Clifton NJ 07011

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer of Valve Hersey Sparling
Model Number FRP II RPZ ☑ DCVA ☐
Serial Number N/A Size 2" in.

Location of Valve

Same As Above
In Shop

Comments & Notations

	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
	1ST Check	2nd Check	Relief Valve	1ST Check	2ND Check
Initial Test Passed ☐ Failed ☐	Closed Tight ☐ at 6 psid Leaked ☐ No. 2 Shut-off Valve Closed Tight ☐ Leaked ☐ By-pass used ☐	Closed Tight ☑ at ____ psid Leaked ☐	Opened at 15 psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ ____ psid	Closed Tight ☐ ____ psid	Opened at ____ psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True.

Certified Testers Name Patrick Burke
Certified Testers Signature Patrick Burke
Certifying Authority N.E.W.W
Cert. ID# 6824 Expiration Date 11/31/02

Witnesses to test & Inspection

Name Sy Goldstern Title PLUMBING OFFICIAL
Representing City of Clifton, NJ
Name Sy Goldstern Title
Representing

CLIFTON
CITY CLERK
OFFICE

05/05/00 8:52AM 01
000001 #0769 B: N

P000007
BUILDING FEE $40.00

CASH $40.00

CLIFTON
N AVENUE
ERSEY 07013

Date Issued 05/05/2000
Control #
Permit # 001502

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 10.10 Lot 1 Qual

Work Site Location 362 GETTY AVE(EMERGENCTY & EX
5 WELLINGTON
Owner in Fee ALFRED HELLER HEAT TREATING CO
Address 5 WELLINGTON ST
CLIFTON, NJ 07011-
Telephone (973)772-4200

Contractor CHM PLUMBING & HEATING
Address 305 CONKLINTOWN RD
RINGWOOD, NJ 07456-
Telephone (973)835-0736
Lic. No. or Bldrs. Reg. No. 10971
Federal Emp. No. 13-6622178

Is hereby granted permission to perform the following work:

[ ] BUILDING
[ ] ELECTRICAL
[ ] ELEVATOR DEVICES
[X] PLUMBING
[ ] FIRE PROTECTION
[ ] ASBESTOS ABATEMENT (Subchapter 8 only)
[ ] LEAD HAZARD ABATEMENT
[ ] DEMOLITION
[ ] OTHER

DESCRIPTION OF WORK:
BACKFLOW PREVENTER TEST

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	40
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	40
Check No.	
Cash	X
Collected By	JS

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 400

Construction Official

05/05/2000
Date

U.C.C. F170 (rev. 3/96)

CITY OF CLIFTON
900 CLIFTON AVENUE
CLIFTON, NEW JERSEY 07013

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 05/05/2000
Control #
Permit # 001502

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 10.10 Lot 1 Qual

Work Site Location 362 GETTY AVE(EMERGENCTY & EX
5 WELLINGTON

Owner in Fee ALFRED HELLER HEAT TREATING CO

Address 5 WELLINGTON ST
CLIFTON, NJ 07011-

Tele.(973)835-0736 Fax ( )

Contractor CHM PLUMBING & HEATING

Address 305 CONKLINTOWN RD
RINGWOOD, NJ 07456-

Tele.(973)835-0736

Lic. No. or Bldrs. Reg. No. 10971

Federal Emp. No. 13-6622178

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
1	Backflow Preventer	22
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [X] Check # Cash Minimum Fee $ 18
Collected by: JS TOTAL FEE $ 40
DCA Training Fee $ 0

U.C.C. F130 (rev. 3/96)

BSDW-PC-PT(2/95)

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER SUPPLY ELEMENT
BUREAU OF SAFE DRINKING WATER
Quarterly Physical Connection Test and Maintenance Report

1st QUARTER 4-2/6-30 ☑ | 2nd QUARTER 7-2/9-30 ☐ | 3rd QUARTER 10-1/12-31 ☐ | 4th QUARTER 1-1/3-31 ☐ | INITIAL TEST ☐

April 14 00
Date of Test

For Physical Connection Permit No. 0459
(Please fill out one form for each device)

TO: City of Clifton
WATER PURVEYOR

and TO:
HEALTH AUTHORITY

Attn: Physical Connection Section

The backflow prevention device hereon has been tested and maintained as required by N.J.A.C. 7:10-10.1 et seq. and is certified to comply with these rules and regulations

Make of Device Watts RPZ
Model Number 009-QT-M2
Serial Number 38799
Type of Device ☐ DC ☑ RP

size 2" ø
INCH
located at Alfred Heller Heat Treating
FACILITY NAME
5 Wellington St
ADDRESS
Clifton NJ 07011

	PRESSURE TEST			INTERNAL INSPECTION	
	Reduced Pressure Devices			Double Check Devices	
	Double Check Devices		Relief Valve		
	1st check	2nd check		1st check	2nd check
Initial Test	DC-Closed Tight ☑ RP- 8.15 psid Leaked ☐	Closed Tight ☑ Leaked ☐ SHUTOFF VALVE #2 Tight ☑ Leaked ☐ Bypass used ☐	Opened at 3.25 psid	OK ☐ Failed ☐	OK ☐ Failed ☐
Repairs and Materials Used					
Test After Repair Assembly	DC-Closed Tight ☐ RP-____psid	Closed Tight ☐	Opened at ____psid	DC-Closed Tight ☐	Closed Tight ☐

The above is certified to be true.

Firm CHM Plum. Backflow Cross Conn. and/or
NAME CONTROL
305 Conklintown Rd Ringwood NJ
ADDRESS

Certified Tester Name Patrick Burke
TYPE OR PRINT
Patrick Burke
SIGNATURE

Cert. Tester No. 6824 Expiration Date 11-02

WITNESSING AUTHORITY(ies) Plumbing Inspector
Health Sy Goldstern
PRINT NAME TITLE
Sy Goldstern
SIGNATURE

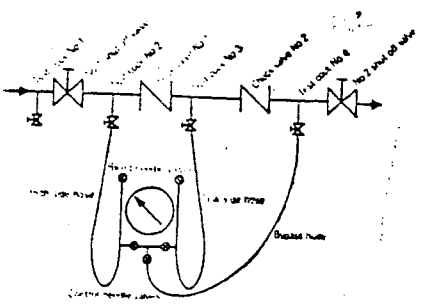
Water
PRINT NAME TITLE
SIGNATURE

TEST PROCEDURES FOR DOUBLE CHECK VALVE ASSEMBLIES UTILIZING A DIFFERENTIAL PRESSURE GAUGE TEST KIT

A. Close down stream shut-off valve; leave upstream shut-off valve open.
B. Flush test cocks 2, 3 and 4 to remove debris and rust, etc.
C. Close test kit high valve and low valve; leave vent valve open.

a) Test first check valve for minimum 1 psi static pressure drop.
   1. Connect high pressure hose to test cock # 2 and low pressure hose to test cock #3.
   2. Open test cocks #2 and #3.
   3. Slowly open test kit high valve to expell air and water through vent hose; close high valve
   4. Slowly open test kit low valve to expell air and water through vent hose; slowly close low valve and observe differential pressure gauge. (should read a minimum of 1 PSID)

b. Test second check valve for minimum 1 psi static pressure drop.
   1. (Close test cocks 2 and 3 from previous test and remove hoses.) Connect high pressure hose to test cock #3 and low pressure hose to test cock #4.
   2. Open test cocks #3 and #4.
   3. Repete steps 3 and 4 from above.



TEST CONCLUSION
   1. Open downstream shut-off valve
   2. Close test cocks
   3. Remove hoses
   4. Open all test kit valves and drain water from kit

TEST PROCEDURE FOR R. P. DEVICES UTILIZING A DIFFERENTIAL PRESSURE GAUGE

A. Close No. 2 gate valve and observe relief valve for discharge of water. (Discharge indicates first check valve is not holding.)
B. Flush test cocks 2, 3 and 4 to remove debris and rust, etc.
C. Close test kit high valve and low valve; leave vent valve open.

a) Test first check valve for minimum 5 PSI static pressure drop.
   1. Connect high pressure hose to #2 test cock and low pressure hose to #3 test cock.
   2. Open #2 test cock and #3 test cock.
   3. Slowly open high valve and bleed air and water through vent hose. Close high valve.
   4. Slowly open low valve and bleed air and water through vent hose. Close low valve and observe differential pressure on gauge (minimum 5 PSID).

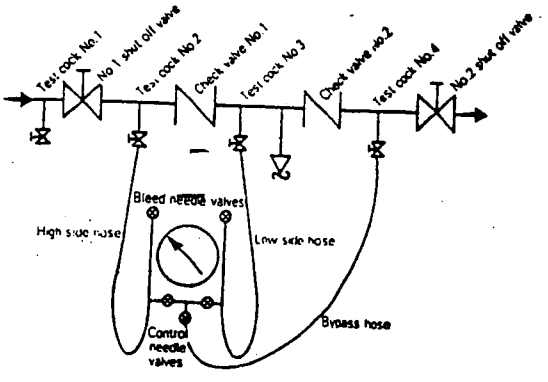
b) To test second check valve for tightness against reverse flow:
   1. Connect vent hose to #4 test cock and turn on #4 test cock.
   2. Open high valve and observe gauge reading and relief valve for discharge.
   3. Differential pressure reading will drop slightly and then remain steady. If reading continues to drop (until the relief valve discharges), the second check valve is leaking.

c) To test gate valve #2 for tightness:
   1. Close #2 test cock if the pressure differential decreases (approaching zero) the #2 gate is reported to be leaking.
   2. Open #2 test cock.

   NOTE: If gate valve #2 is leaking, test "a" and test "b" are invalid. A jumper hose or another shut-off valve down stream of the device must be utilized.

d) To test operation of the differential pressure relief valve:
   1. (Close vent valve, optional) High valve should be open.
   2. Very slowly open low valve until the differential gauge needle starts to drop. Note the pressure reading when the relief valve starts to discharge. This gauge reading must be at least 2 PSI.

TEST CONCLUSION
   1. Open downstream gate valve.
   2. Close all test cocks.
   3. Remove all hoses from test cocks.
   4. Open all test kit values and drain water from kit.



BSDW-PC-PT(2/95)

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER SUPPLY ELEMENT
BUREAU OF SAFE DRINKING WATER
Quarterly Physical Connection Test and Maintenance Report

1st QUARTER 4-2/6-30 ☐ 2nd QUARTER 7-2/9-30 ☐ 3rd QUARTER 10-1/12-31 ☐ 4th QUARTER 1-1/3-31 ☑ INITIAL TEST ☐

Date of Test: DEC 28 99

For Physical Connection Permit No. 0459
(Please fill out one form for each device)

TO: CITY of CLIFTON (WATER PURVEYOR) and TO: _____ (HEALTH AUTHORITY)

Attn: Physical Connection Section

The backflow prevention device hereon has been tested and maintained as required by N.J.A.C. 7:10-10.1 et seq. and is certified to comply with these rules and regulations

Make of Device HERSEY SPARLING size 2" (INCH)

Model Number FRP II located at ALFRED HELLER HEAT TREATING (FACILITY NAME)

Serial Number N/A 5 WELLINGTON ST (ADDRESS)

Type of Device ☐ DC ☐ RP CLIFTON NJ 07011

	PRESSURE TEST			INTERNAL INSPECTION	
	Reduced Pressure Devices			Double Check Devices	
	Double Check Devices		Relief Valve	1st check	2nd check
	1st check	2nd check			
Initial Test	DC-Closed Tight ☐ RP- 7 psid Leaked ☐	Closed Tight ☑ Leaked ☐ SHUTOFF VALVE #2 Tight ☑ Leaked ☐ Bypass used ☐	Opened at 2.5 psid	OK ☐ Failed ☐	OK ☐ Failed ☐
Repairs and Materials Used					
Test After Repair Assembly	DC-Closed Tight ☐ RP-____psid	Closed Tight ☐	Opened at ____ psid	DC-Closed Tight ☐	Closed Tight ☐

The above is certified to be true.

Firm C H M Plumbing & Backflow Prof (NAME) and/or
305 Conklintown Rd Ringwood NJ (ADDRESS)

Certified Tester Name PATRICK BURKE (TYPE OR PRINT)
Patrick Burke (SIGNATURE)

Cert. Tester No. 6824 Expiration Date 11/02

WITNESSING AUTHORITY(ies)

Health _____ (PRINT NAME) _____ (TITLE) _____ (SIGNATURE)

Water SY GOLDSTERN (PRINT NAME) PLUMBING SUB (TITLE)
Sy Goldstern (SIGNATURE) CODE OFFICIAN

BSDW-PCI-145(6/95)

Physical Connection
Permit No. 0459

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER SUPPLY ELEMENT
BUREAU OF SAFE DRINKING WATER
CN 426, Trenton, New Jersey 08625-0426

APPLICATION FOR ORIGINAL PHYSICAL CONNECTION PERMIT

Date DEC / 27 / 99

Application is herewith made, pursuant to the Provisions of N.J.A.C.7:10-10.5(a) for a Physical Connection

Applied for by ALFRED HELLER HEAT TREATING CO (NAME OF FACILITY)

Mailing Address 5 WELLINGTON ST (STREET ADDRESS OR P.O. BOX) CLIFTON (CITY) NJ 07011 (ZIP)

Located at _____ (LOCATION OR ADDRESS) _____ (MUNICIPALITY)

Applicant's Name BOGDAN MARINESCU (PRINT or TYPE) / PLANT ENGINEER (TITLE)

Telephone Number (973) 772-4200 / Fax Number (973) 772-0433

Owners Name and Address _____ (IF DIFFERENT THAN APPLICANT)

Owner of Public Community Water System _____

Local Health Authority CITY OF CLIFTON

Source of Unapproved Water: WELL

Unapproved Water is Used for: PLANT OPERATION

Public Community Water is Used for: _____

Actual Cross Connection exists ☑ or/and water systems enter a common building ☐

Type of Operation Conducted at Premises HEAT TREATING

Type and Size of Public Community Water Service(s) and Backflow Preventor(s)

SERVICE	BACKFLOW PREVENTOR	PROTECTED BY-PASS/DETECTOR CHECK
☑ Domestic Size 2 INCH ☐ Fire	☐ DCVA Size ☑ RPZ 2" INCH	☐ DCVA Size ☐ BY-PASS ☐ RPZ ___ INCH ☐ DETECTOR BY-PASS
☑ Domestic Size 2 INCH ☐ Fire	☑ DCVA Size ☐ RPZ 2 INCH	☐ DCVA Size ☐ BY-PASS ☐ RPZ ___ INCH ☐ DETECTOR BY-PASS
☐ Domestic Size ☐ Fire ___ INCH	☐ DCVA Size ☐ RPZ ___ INCH	☐ DCVA Size ☐ BY-PASS ☐ RPZ ___ INCH ☐ DETECTOR BY-PASS
☐ Domestic Size ☐ Fire ___ INCH	☐ DCVA Size ☐ RPZ ___ INCH	☐ DCVA Size ☐ BY-PASS ☐ RPZ ___ INCH ☐ DETECTOR BY-PASS

I hereby certify that the physical connection(s) installed is(are) in compliance with the provision of State Statutes, and the Rules and Regulations promulgated thereunder by the New Jersey Department of Environmental Protection & Energy.

I further certify that, prior to the installation of the physical connection(s) & completion of this application I secured the approval of the owner of the public potable water supply and the local plumbing sub-code official for such installation and for the type device which has been installed.

Applicant/Owners Signature Robert A. Hodgson President / ALFRED HELLER HEAT TR (APPLICANT) / ROBERT HODGSON (OWNER)

PLEASE COMPLETE REVERSE SIDE AFTER INSTALLATION

BSDW-PCI-145(6/95)

Physical Connection
Permit No. 0459

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER SUPPLY ELEMENT
BUREAU OF SAFE DRINKING WATER
CN 426, Trenton, New Jersey 08625-0426

APPLICATION FOR ORIGINAL PHYSICAL CONNECTION PERMIT

Date DEC / 27 / 99

Application is herewith made, pursuant to the Provisions of N.J.A.C.7:10-10.5(a) for a Physical Connection

Applied for by ALFRED HELLER HEAT TREATING CO. (NAME OF FACILITY)

Mailing Address 5 WELLINGTON ST (STREET ADDRESS OR P.O. BOX) CLIFTON (CITY) NJ 07011 (ZIP)

Located at _____ (LOCATION OR ADDRESS) _____ (MUNICIPALITY)

Applicant's Name BOGDAN MARINESCU (PRINT or TYPE) / PLANT ENGINEER (TITLE)

Telephone Number (973) 772-4200 / Fax Number (973) 772-0433

Owners Name and Address _____ (IF DIFFERENT THAN APPLICANT)

Owner of Public Community Water System _____

Local Health Authority City of CLIFTON

Source of Unapproved Water: WELL

Unapproved Water is Used for: PLANT OPERATION

Public Community Water is Used for: PASSAIC

Actual Cross Connection exists ☑ or/and water systems enter a common building ☐

Type of Operation Conducted at Premises HEAT TREATING

Type and Size of Public Community Water Service(s) and Backflow Preventor(s)

SERVICE	BACKFLOW PREVENTOR	PROTECTED BY-PASS/DETECTOR CHECK
☑ Domestic ☐ Fire Size 2 INCH	☐ DCVA ☑ RPZ Size 2" INCH	☐ DCVA ☐ RPZ Size ___ INCH ☐ BY-PASS ☐ DETECTOR BY-PASS
☑ Domestic ☐ Fire Size 2 INCH	☐ DCVA ☑ RPZ Size 2" INCH	☐ DCVA ☐ RPZ Size ___ INCH ☐ BY-PASS ☐ DETECTOR BY-PASS
☐ Domestic ☐ Fire Size ___ INCH	☐ DCVA ☐ RPZ Size ___ INCH	☐ DCVA ☐ RPZ Size ___ INCH ☐ BY-PASS ☐ DETECTOR BY-PASS
☐ Domestic ☐ Fire Size ___ INCH	☐ DCVA ☐ RPZ Size ___ INCH	☐ DCVA ☐ RPZ Size ___ INCH ☐ BY-PASS ☐ DETECTOR BY-PASS

I hereby certify that the physical connection(s) installed is(are) in compliance with the provision of State Statutes, and the Rules and Regulations promulgated thereunder by the New Jersey Department of Environmental Protection & Energy.

I further certify that, prior to the installation of the physical connection(s) & completion of this application I secured the approval of the owner of the public potable water supply and the local plumbing sub-code official for such installation and for the type device which has been installed.

Applicant/Owners Signature Robert A. Hodgson (APPLICANT) / President ROBERT HODGSON (OWNER)

PLEASE COMPLETE REVERSE SIDE AFTER INSTALLATION

BSDW-PC-PT(2/95)

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER SUPPLY ELEMENT
BUREAU OF SAFE DRINKING WATER
Quarterly Physical Connection Test and Maintenance Report

1st ☐ QUARTER 4-2/6-30 | 2nd ☐ QUARTER 7-2/9-30 | 3rd ☐ QUARTER 10-1/12-31 | 4th ☑ QUARTER 1-1/3-31 | ☑ INITIAL TEST

Date of Test: Dec 28 / 28 / 99

For Physical Connection Permit No. 0459
(Please fill out one form for each device)

TO: City of Clifton (WATER PURVEYOR) and TO: _____ (HEALTH AUTHORITY)

Attn: Physical Connection Section

The backflow prevention device hereon has been tested and maintained as required by N.J.A.C. 7:10-10.1 et seq. and is certified to comply with these rules and regulations

Make of Device: Watts RPZ
Model Number: 009-QT MZ
Serial Number: 38799
Type of Device: ☐ DC ☑ RP
size: 2" (INCH)
located at: Alfred Heller Heat Treating (FACILITY NAME)
5 Wellington St. (ADDRESS)
Clifton NJ 07011

	PRESSURE TEST			INTERNAL INSPECTION	
	Reduced Pressure Devices			Double Check Devices	
	Double Check Devices		Relief Valve	1st check	2nd check
	1st check	2nd check			
Initial Test	DC-Closed Tight ☐ RP-9 psid Leaked ☐	Closed Tight ☑ Leaked ☐ SHUTOFF VALVE #2 Tight ☑ Leaked ☐ Bypass used ☐	Opened at 3.5 psid	OK ☐ Failed ☐	OK ☐ Failed ☐
Repairs and Materials Used					
Test After Repair Assembly	DC-Closed Tight ☐ RP-_____psid	Closed Tight ☐	Opened at _____ psid	DC-Closed Tight ☐	Closed Tight ☐

The above is certified to be true.

Firm: CHM Plumbing & Backflow Prev. (NAME) and/or
305 Conklintown Rd Ringwood NJ (ADDRESS) Health

Certified Tester Name: Patrick Burke (TYPE OR PRINT)
Patrick Burke (SIGNATURE)
Cert. Tester No. 6824 Expiration Date 11/02

WITNESSING AUTHORITY(ies)
PRINT NAME _____ TITLE _____
SIGNATURE _____

Water
SIGNATURE BY GOLDSTERN PLUMBING SUB
PRINT NAME Sy Goldstern TITLE CODE OFFICIAL
SIGNATURE

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER SUPPLY
BUREAU OF SAFE DRINKING WATER

Form
DWR-076

APPLICATION FOR RENEWAL OF A PERMIT

DATE 12/28/99

TO THE NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION:

APPLICATION IS HEREWITH MADE, PURSUANT TO THE PROVISIONS OF N.J.S.A. 58:11-9.1 ET.SEQ.,* FOR THE RENEWAL OF PERMIT NO. 0495 DATED 3/31/99 TO MAINTAIN, OWN, OR OPERATE A PHYSICAL CONNECTION(S) BETWEEN AN APPROVED PUBLIC COMMUNITY WATER SYSTEM AND AN UNAPPROVED WATER SUPPLY.

NUMBER, TYPE(S) AND SIZE(S) OF DEVICE(S) INSTALLED 2" HERSEY SPARLING AND 2" WATTS.

RECORD OF INSPECTIONS - APPROVED PHYSICAL CONNECTIONS

PRESSURE TESTS

DATE	TESTS MADE BY		FINDINGS AND REPAIRS
	PERSON	REPRESENTING	
12/28/99	Patrick Burke	CHM Plumbing	Did Repairs + Installed New One ALL Tested OK

INTERNAL INSPECTIONS

DATE	INSPECTIONS MADE BY		FINDINGS AND REPAIRS
	PERSON	REPRESENTING	
12-28-99	Sy Goldstern	City of Clifton	Hersey was Repaired + works Properly
			Watts is new unit and works properly

NAME OF OWNER OF PHYSICAL CONNECTION(S) ALFRED HELLER HEAT TREATING CO.

ADDRESS 5. WELLINGTON STREET

COUNTY PASSAIC BY Bogdan Marinescu

TITLE PLANT ENGINEER

CERTIFICATION BY LOCAL BOARD OF HEALTH

THE LOCAL BOARD OF HEALTH OF _____ HEREBY CERTIFIES THAT IT HAS DETERMINED THAT THE APPROVED PHYSICAL CONNECTION(S) WAS (WERE) FUNCTIONING SATISFACTORILY ON _____. BY _____

TITLE _____

CERTIFICATION BY LOCAL WATER AUTHORITY

THE APPROVED PHYSICAL CONNECTION(S) WAS (WERE) FOUND TO BE FUNCTIONING SATISFACTORILY ON

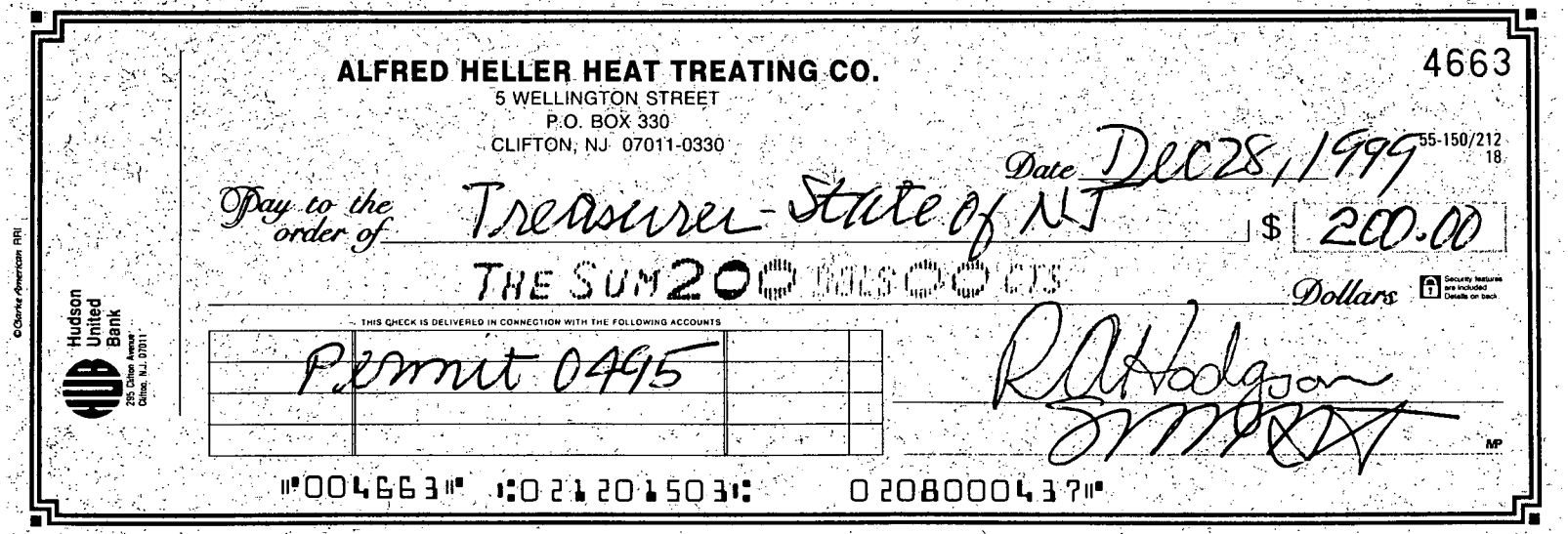
12/28/99
(DATE)

WATER COMPANY OR DEPARTMENT _____

BY Sy Goldstern

TITLE Plumbing Inspector Official

*** See excerpts from law on reverse side of this application.***



ALFRED HELLER HEAT TREATING CO.
5 WELLINGTON STREET
P.O. BOX 330
CLIFTON, NJ 07011-0330

4663

55-150/212
18

Date Dec 28, 1999

Pay to the order of Treasurer - State of NJ $ 200.00

THE SUM 200 DOLS 00 CTS Dollars

Security features are included Details on back

THIS CHECK IS DELIVERED IN CONNECTION WITH THE FOLLOWING ACCOUNTS

Permit 0495

RA Hodgson

MP

Hudson United Bank
295 Clifton Avenue
Clifton, N.J. 07011

©Clarke American ARI

⑈004663⑈ ⑆021201503⑆ 0208000437⑈

Let's protect our earth

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

INVOICE NO.
990197410

NEW JERSEY SAFE DRINKING WATER ANNUAL PHYSICAL CONNECTION INVOICE

Permit No.	Category	Billing Date	Due Date	Amount Due
0495	PCR	03/31/99	05/31/99	$ 200.00

KEEP THIS PORTION FOR YOUR RECORDS

PLEASE NOTE: Failure to pay this fee is a violation of the New Jersey Safe Drinking Water Act. Violators may be subject to civil penalties in accordance with N.J.S.A. 58:12A-10, of up to $5,000.00 for each offense, each continuing day of the offense.

TYPE OF NOTICE	REGISTRATION PERIOD	EXPLANATION OF FEE: DESCRIPTION		AMOUNT
RENEWAL	04/01/99 - 03/31/00	Annual Fee	: $	200.00
		TOTAL DUE	$	200.00

MESSAGES:

THIS IS YOUR PHYSICAL
CONNECTION RENEWAL
FEE INVOICE PURSUANT
TO NJAC 7:10-15.

REMINDER:

- Please write the PERMIT NO. and INVOICE NO. on your check or money order.
- Return the BOTTOM PORTION of this INVOICE with your PAYMENT via the enclosed envelope.
- Please return your completed Application for Renewal of a Permit form (DWR-076) with your payment.

Send Billing Inquiries to:

NJDEP
Water Supply Element
Bureau of Safe Drinking Water
CN 426
Trenton, NJ 08625-0426

or contact directly at:

(609)-292-5550

INVOICE NO.
990197410

DEP81F R11/94

Let's protect our earth

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

INVOICE NO.
990197410

NEW JERSEY SAFE DRINKING WATER ANNUAL PHYSICAL CONNECTION INVOICE

Permit No.	Category	Billing Date	Due Date	Amount Due
0495	PCR	03/31/99	05/31/99	$ 200.00

If there are changes to your Mailing Name or Address, check this box ☐ and print the change on the back of this invoice.

DO NOT FOLD, BEND OR MARK

Enter the Amount of your Payment ☞ $.

RETURN THIS PORTION with your check made payable to:

TREASURER - STATE OF NEW JERSEY

and mail to:

NJDEP
BUREAU OF REVENUE
CN 417
TRENTON, NJ 08625-0417

ALFRED HELLER HEAT TREATING CO.
81 ATTN: V.P. PLANT OPERATIONS
PO BOX 330
CLIFTON NJ 07011-0330

10101010101010101010100004090511111100002000000007999019741048 14

DEP81B 3/93

CHANGE OF MAILING ADDRESS INFORMATION PLEASE PRINT

Business or Company Name : _____

Care/Attention of : _____

Delivery Address : (Indicate One)

A) PO Box _____ No. B) Rural Route _____ No. Box _____ No.

C) Street Address _____ No. _____ Name

D) Mail Stop _____

Other : (Optional)

Bldg Name/Number _____ Floor Number _____

Room Name/Number _____ Suite Name/Number _____

Postal City: _____ State: _____ Zip Code: _____

MARK ROMAN – insp. pers.
340 – 4300/4859

32

Friday - 2 PM.

Construction Code Enforcement

SY GOLDSTERN
PLUMBING SUB-CODE OFFICIAL

CITY OF CLIFTON
(973) 470-5809
FAX (973) 470-0617

900 CLIFTON AVENUE
CLIFTON, NJ 07013

Series 009 M2 QT

Reduced Pressure Zone Backflow Preventers

Sizes: ¼" thru 3"

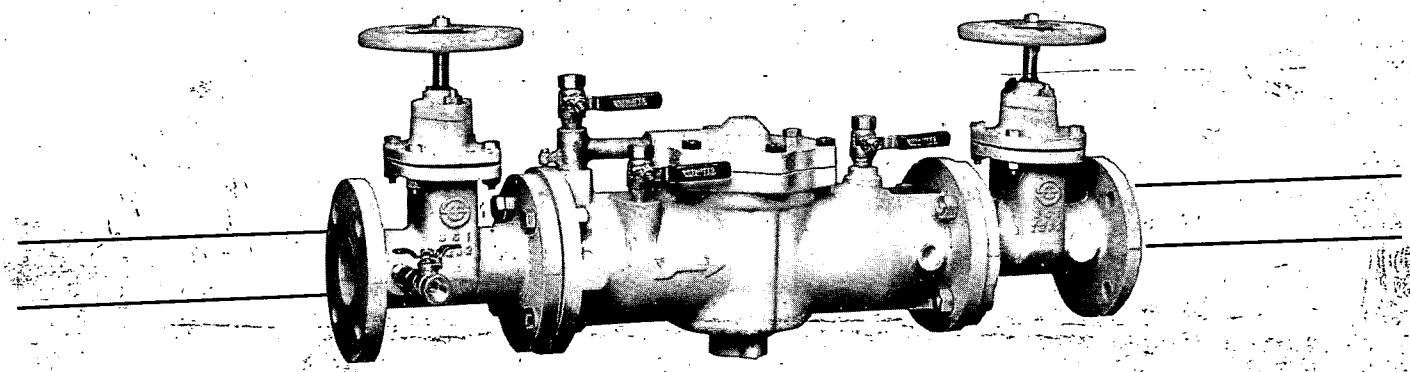
38799

• Installation • Service • Repair Kits • Maintenance

For field testing procedure, send for IS-TK-DP/DL, IS-TK-9A, IS-TK-99E AND IS-TK-99D.

For other repair kits and service parts, send for PL-RP-BPD.

For technical assistance, contact your local Watts representative on back page.



Watts 009NRS 3"

CALIFORNIA PROPOSITION 65 WARNING

This product contains lead, a chemical known to the State of California to cause birth defects or other reproductive harm.

(Plumber: California law requires that this warning be given to the consumer.)

CONSUMER INFORMATION ABOUT CALIFORNIA PROPOSITION 65 WARNING

All faucets and products made of leaded brass alloys, even those that comply with U.S. Environmental Protection Agency regulations, contribute small amounts of lead to water that is allowed to stand in contact with the brass. This product complies with all E.P.A. regulations regarding the amount of lead used in plumbing brass and solder. The amount of lead contributed by any faucet/product is highest when the faucet/product is new.

The following steps will reduce potential exposure to lead from faucets and other parts of the plumbing system:

- Always run the water for a few seconds prior to use for drinking or cooking.
- Use only cold water for drinking or cooking.
- If you wish to flush the entire plumbing system of water that has been standing in the pipes or other fittings, run the cold water until the temperature of the water drops, indicating water coming from the outside main.
- If you are concerned about lead in your water, have your water tested by an EPA-certified laboratory in your area.

"ATTN. INSTALLER: After installation, please leave this instruction sheet for occupant's information."

IMPORTANT: Inquire with governing authorities for local installation requirements.

NOTE: For *Australia* and *New Zealand*, line strainers should be installed between the upstream shutoff valve and the inlet of the backflow preventer.

Its important that this device be tested periodically in compliance with local codes, but at least once per year or more as service conditions warrant. If installed on a fire sprinkler system, all mechanical checks, such as alarm checks and backflow preventers, should be flow tested and inspected internally in accordance with NFPA 13 and NFPA 25.

A LEADER IN VALVE TECHNOLOGY

WATTS® REGULATOR

Since 1874 — Watts Industries, Inc.

Water Products Division • Safety & Control Valves

Basic Installation Instructions - *¼" through 3"*

Indoor Installation

For indoor installations, it is important that the assembly be easily accessible to facilitate testing and servicing. If it is located in a line close to wall, be sure the test cocks are easily accessible. A drain line and air gap (see ES-AG/EL) should be piped from the relief valve connection as shown, where evidence of discharge will be clearly visible and so that water damage will not occur. Therefore, never install in concealed locations.

Outside, Above Ground Installation

In an area where freezing conditions do not occur, Series 009 can be installed outside. The most satisfactory installation is above ground and should be installed in this manner whenever possible.

In an area where freezing conditions can occur, Series 009 should be installed above ground in an insulated enclosure.

Series 009 must be installed in an accessible location to facilitate testing and servicing. A discharge line should be piped from the air gap at the relief valve connection making sure that there is adequate drainage. Never pipe the discharge line directly into a drainage ditch, sewer or sump. Series 009 should never be installed where any part of the unit could become submerged in standing water.

It is generally recommended that backflow preventers never be placed in pits unless absolutely necessary and then only when approved by local codes. In such cases, a modified pit installation is preferred.

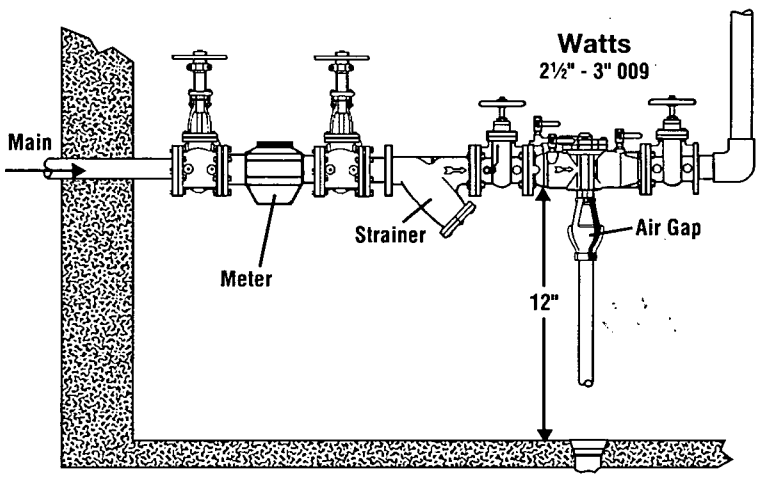
Parallel Installation

Two or more smaller size assemblies can be piped in parallel (when approved) to serve a large supply pipe main. This type of installation is employed where increased capacity is needed beyond that provided by a single valve and permits testing or servicing of an individual valve without shutting down the complete line.

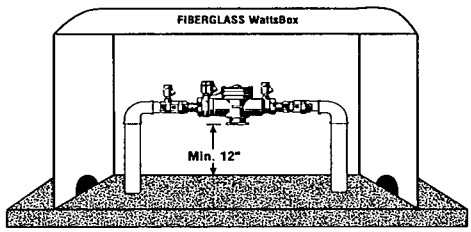
The number of assemblies used in parallel should be determined by the engineer's judgement based on the operating conditions of a specific installation.

For parallel valve installations, the total capacity of the assemblies should equal or exceed that required by the system.

Indoor Installation

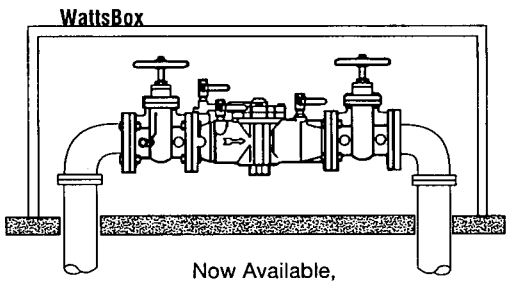


Outdoor Installation



Watts
¼" - 2" 009

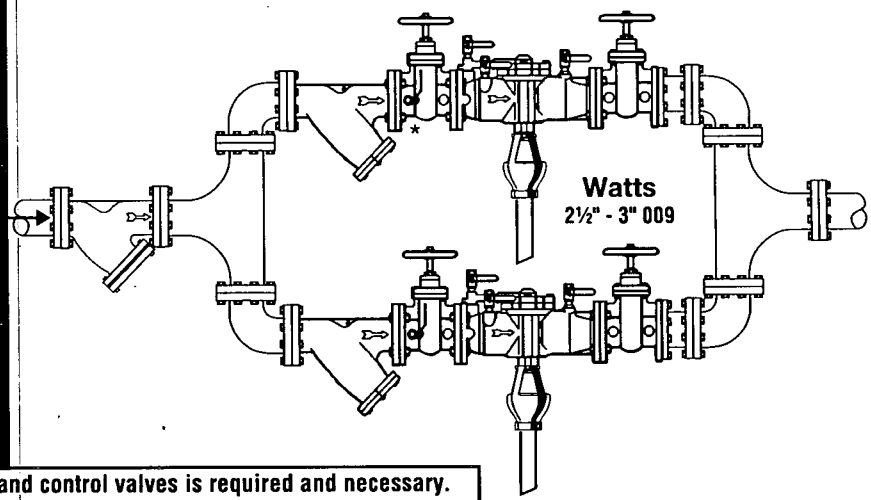
Now available, WattsBox Insulated Enclosures, for more information, send for ES-WB or ES-WB-T.



Watts
2½" - 3" 009

Now Available,
WattsBox Insulated Enclosures.
For more information, send for ES-WB or ES-WB-T.

Parallel Installation



Annual inspection of all water system safety and control valves is required and necessary. Regular inspection, testing and cleaning assures maximum life and proper product function.

Basic Installation Instructions - *¼" through 3"*

A. Series 009 may be installed in a vertical or horizontal position. *When installed vertically, the direction of flow must be **down**. This positions the relief valve below the first check valve enabling the zone to drain through the relief valve outlet.

Note: Shutoff Valves: When shutoff valves are removed and reassembly is necessary, the shutoff valve with the test cock is to be mounted on the inlet side of the backflow preventer.

B. The 009 should always be installed in an accessible location to facilitate testing and servicing (See page 2). **Check the state and local codes to insure that the backflow preventer is installed in compliance, such as the proper height above the ground.**

C. We recommend a strainer be installed ahead of 009 series assemblies to protect the internal components from unnecessary fouling.

Caution: Do not install with strainer when backflow preventer is used on seldom-used water lines which are called upon only during emergencies, such as fire sprinkler lines.

Start Up: The downstream shut-off should be closed. Open upstream slowly and fill valve. When valve is filled, open the downstream shut-off slowly and fill the water supply system. This is necessary to avoid water hammer or shock damage.

D. Water discharge from the relief valve should be vented in accordance with code requirements. The relief valve should never be solidly piped into a drainage ditch, sewer or sump. The discharge should be terminated approximately 12" above the ground or through an air gap piped to a floor drain.

NOTE: Relief Valve Discharge Rates

The installation of an air gap with the drain line terminating above a floor drain will handle any normal discharge or nuisance spitting through the relief valve. However, floor drain size may need to be designed to prevent water damage caused by a catastrophic failure condition. Please refer to Figure No. 1 for maximum relief valve discharge rates, size and capacity of typical floor drains.

NOTE: Do not reduce the size of the drain line from the air gap fitting. Pipe full line size.

E. After initial installation, a discharge from the relief valve opening may occur due to inadequate initial flushing of pipe lines to eliminate dirt and pipe compounds. If flushing will not clear, remove the first check valve and clean thoroughly.

NOTE: Periodic relief valve discharge may occur on dead end service applications, such as boiler feed lines or cooling tower makeup lines due to fluctuating supply pressure during a static or no flow condition. To avoid this discharge, install a check valve ahead of the backflow assembly to "lock-in" the downstream pressure.

F. Backflow preventers should never be placed in pits unless absolutely necessary and then only when and as approved by local codes. In such cases, provision should be made to always vent above flood level or for a pit drain to insure an adequate air gap below the relief port.

G. It is important that Series 009 backflow preventers be inspected periodically for any discharge from the relief valve which will provide a visual indication of need for cleaning or repair of check valves. Also testing for proper operation of the device should be made periodically in compliance with local codes, but at least once a year or more often, depending upon system conditions. Send for IS-TK-9A, IS-TK-DP/DL, S-TK-99E and IS-TK-99D instruction manuals for test procedures.

Relief vent will discharge water when, during no-flow periods, (1) the first check valve is fouled or (2) the inlet pressure to the device drops sufficiently due to upstream pressure fluctuations to affect the required operating differential between the inlet pressure and reduced pressure zone. Other wise, such relief (spitting) can occur when the second check is fouled during emergency backflow or resulting from a water hammer condition. For trouble shooting guide send for S-TSG.

NOTE: Special considerations are necessary when testing assemblies installed on Fire Prevention Systems.

Fire Protection System Installations: The National Fire protection Agency (NFPA) Guidelines require a confirming flow test be conducted whenever a "main line" valve such as the shut-off valves or a backflow assembly have been operated. Certified testers of backflow assemblies must conduct this confirming test.

Watts 2½" - 3" 009 with strainer

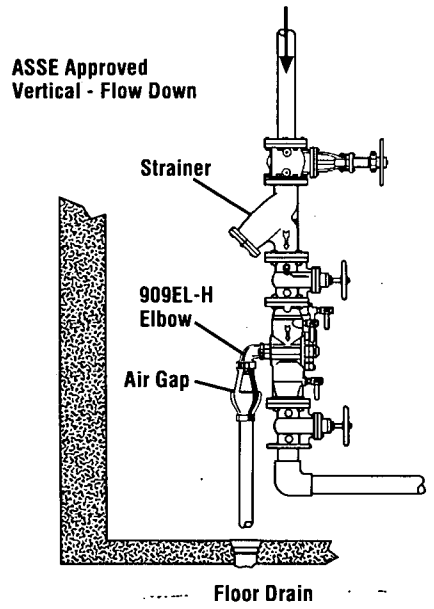
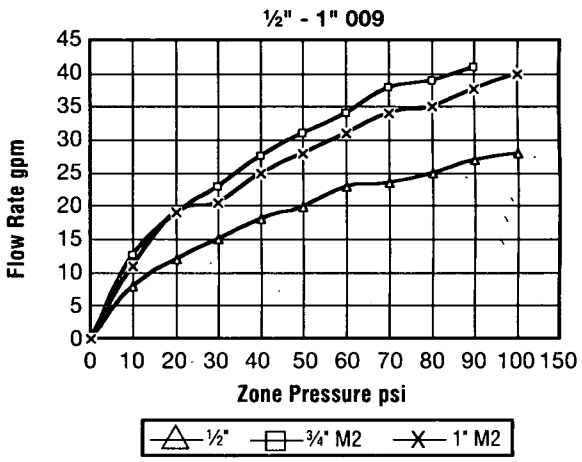
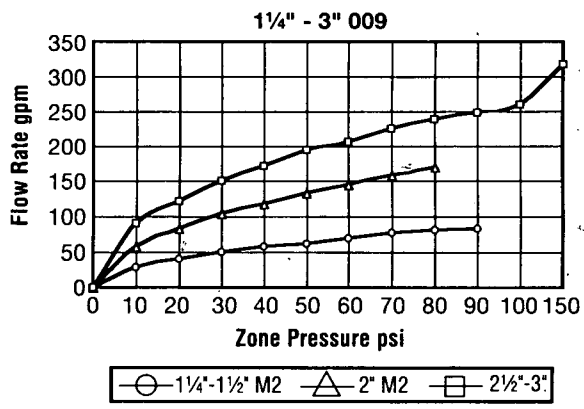


Figure 1
Relief Valve Discharge Rates



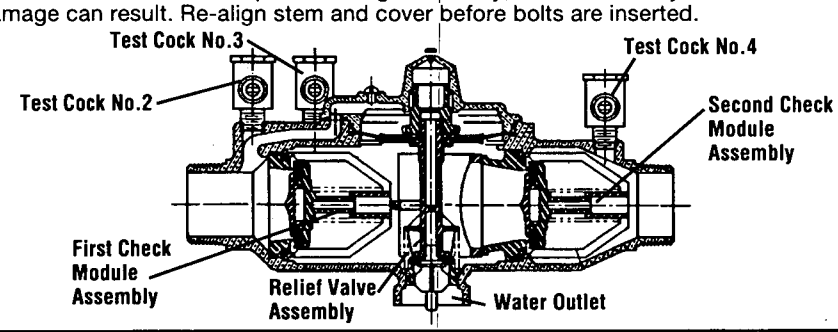


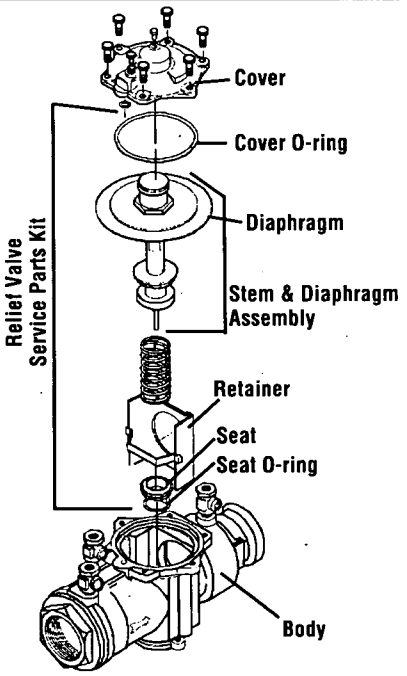
Typical Flow Rates as sized by floor drain manufacturers:

2"	55 GPM	5"	350 GPM
3"	112 GPM	6"	450 GPM
4"	170 GPM	8"	760 GPM

Servicing the Relief Valve - 1/4", 3/8", 1/2", 3/4", 1", 1 1/4", 1 1/2" and 2"

1. Remove the relief valve cover bolts while holding the cover down.
2. Lift the cover straight off. The stem and diaphragm assembly will normally remain with the cover as it is removed. The relief valve spring will be free inside the body at this point.
3. The relief valve seat is located at the bottom of the body bore, and can be removed, if necessary, for cleaning. The disc can be cleaned without disassembly or the relief valve module. If it is determined that the relief valve diaphragm and/or disc should be replaced, the relief valve module can be readily disassembled without the use of special tools. **Note:** the disc rubber is molded into the disc holder and is supplied as a disc holder assembly.
4. To re-assemble the relief valve, press the seat firmly into place in the body, center the spring on the seat, and insert the cover and relief valve module as a unit straight into the bore. Press down on the cover to assure proper alignment. Insert and tighten bolts. **Caution:** If cover will not press flat against body, stem assembly is crooked and damage can result. Re-align stem and cover before bolts are inserted.





Replacement Parts - 1/4", 3/8", 1/2", 3/4", 1", 1 1/4", 1 1/2" and 2"

When ordering, specify Ordering Code Number, Kit number and Valve Size.

1/4" – 1"

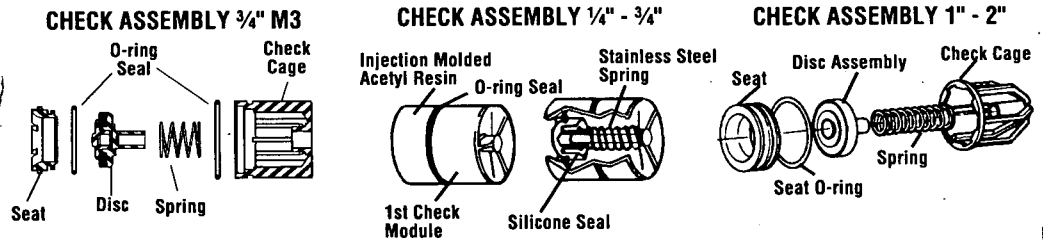
EDP No.	Kit No.	Size
Relief Valve Kits:		
887294	RK 009 VT	1/4", 3/8", 1/2"
887509	RK SS009 VT	1/2"
887002	RK 009M2 VT	3/4"
887520	RK SS009M2 VT	3/4"
888524	RK 009M3 VT	3/4"
887015	RK 009 VT	3/4" - 1"
887503	RK SS009 VT	1"
887785	RK 009M2 VT	1"
Kit consists of: Seat, Seat o-ring, Stem & diaphragm assembly, Stem o-ring, Cover o-ring and RV spring.		
Relief Valve Rubber Parts Kits:		
887295	RK 009 RV	1/4", 3/8", 1/2"
887510	RK SS009 RV	1/2"
886998	RK 009M2 RV	3/4"
887519	RK SS009M2 RV	3/4"
888523	RK 009M3 RV	3/4"
887181	RK 009 RV	3/4" - 1"
887529	RK SS009 RV	1"
887786	RK 009M2 RV	1"
Kit consists of: Diaphragm, Disc assembly, Stem o-rings, Seat o-ring and Cover o-ring.		
Total Rubber Parts Kits:		
887297	RK 009 RT	1/4", 3/8", 1/2"
887511	RK SS009 RT	1/2"
886999	RK 009M2 RT	3/4"
887521	RK SS009M2 RT	3/4"
888526	RK 009M3 RT	3/4"
887182	RK 009 RT	3/4" - 1"
887530	RK SS009 RT	1"
887787	RK 009M2 RT	1"
Kit consists of: Diaphragm, Two discs, Two disc assemblies, Stem o-rings, Cover o-ring, Two seat o-rings and RV seat o-ring.		
Cover Kits:		
887296	RK 009 C	1/4", 3/8", 1/2"
887500	RK SS009 C	1/2"
887004	RK 009M2 C	3/4"
887501	RK SS009M2 C	3/4"
888525	RK 009M3 C	3/4"
887013	RK 009 C	3/4"-1"
887502	RK SS009 C	1"
887788	RK 009M2 C	1"
Kit consists of: Cover and Cover o-ring.		

1 1/4" - 2"

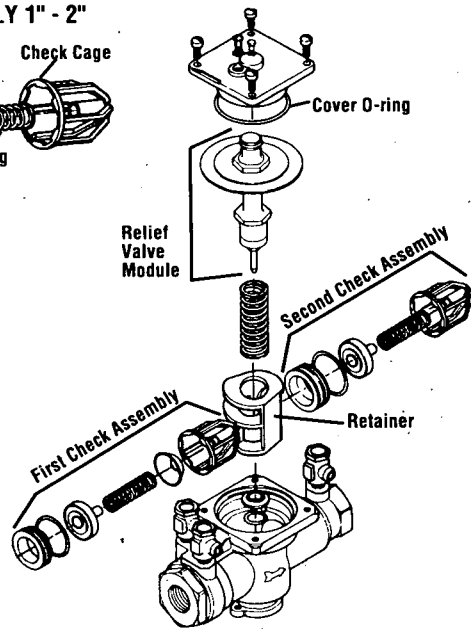
EDP No.	Kit No.	Size
Relief Valve Total Kit:		
887307	RK 009M2 VT	1 1/4" - 1 1/2"
887277	RK 009M1 VT	1 1/4" - 2"
887016	RK 009 VT	1 1/4" - 2"
887545	RK 009M2 VT	2"
Kit consists of: RV assembly, Seat, Seat o-ring, Cover o-ring, Sensing passage o-ring and Upper stem o-ring.		
Relief Valve Rubber Parts Kit:		
887306	RK 009M2 RV	1 1/4" - 1 1/2"
887276	RK 009M1 RV	1 1/4" - 2"
887148	RK 009 RV	1 1/4" - 2"
887544	RK 009M2 RV	2"
Kit consists of: Diaphragm, Seat o-ring, Cover o-ring and Sensing passage o-ring.		
Complete Rubber Parts Kit:		
887309	RK 009M2 RT	1 1/4" - 1 1/2"
887280	RK 009M1 RT	1 1/4" - 2"
887185	RK 009 RT	1 1/4" - 2"
887547	RK 009M2 RT	2"
Kit consists of: Two check assembly o-rings, Two disc assemblies, One cover o-ring, One RV diaphragm, One RV seat o-ring, One sensing passage o-ring, One diaphragm plate o-ring, One RV lower stem o-ring, One RV upper stem o-ring, One RV disc assembly and One bleed screw o-ring.		
Cover Kit:		
887308	RK 009M2 C	1 1/4" - 1 1/2"
887278	RK 009M1 C	1 1/4" - 2"
887014	RK 009 C	1 1/4" - 2"
887546	RK 009M2 C	2"
Kit consists of: Cover, Cover o-ring, Sensing passage o-ring, Bleed screw o-ring, Vent hood and Bleed screw.		

For additional information, contact your local technical sales representative, see back page.

Servicing First & Second Check Valves - 1/4", 3/8", 1/2", 3/4", 1", 1 1/4", 1 1/2" and 2"



1. Remove the retainer from the body bore. The check valve modules can now be removed from the valve by hand or with a screwdriver. **Note:** The seats and springs of the first and second check modules are **not** interchangeable. The heavier spring and smaller diameter seat belong with the first check module.
2. The check seats are attached to the cage with a bayonet type locking arrangement. Holding the cage in one hand, push the seat inward and rotate counter-clockwise against the cage. The seat, spring cage, spring and disc assembly are now individual components. **Note:** 3/4" M2 modules snap apart.
3. The disc assembly may now be cleaned and re-assembled or, depending on its condition, may be discarded and replaced with a new assembly from the repair kit. O-rings should be cleaned or replaced as necessary and lightly greased with the FDA approved grease. Refer to parts price list, PL-RP/BPD for more inofrmation.
4. Re-assemble the check valve modules. Check modules are installed in the valve body with the seat facing the valve inlet. The modules must be securely in place before the retainer can be replaced. On the 3/4" size retainer may have to be tilted slightly into place. Replace relief valve assembly.



Replacement Parts - 1/4", 3/8", 1/2", 3/4", 1", 1 1/4", 1 1/2" and 2"

When ordering, specify Ordering Code Number, Kit Number and Valve Size.

1/4" - 1"

EDP No.	Kit No.	Size
First Check Kits:		
887291	RK 009 CK1	1/4", 3/8", 1/2"
887505	RK SS009 CK1	1/2"
887000	RK 009M2 CK1	3/4"
887515	RK SS009M2 CK1	3/4"
888520	RK 009M3 CK1	3/4"
887005	RK 009 CK1	3/4" - 1"
887009	RK 009 CK1SS	3/4" - 1"
887525	RK SS009 CK1	1"
887789	RK 009M2 CK1	1"
Kit consists of: Check assembly and Cover o-ring.		
Second Check Kits:		
887292	RK 009 CK2	1/4", 3/8", 1/2"
887506	RK SS009 CK2	1/2"
887001	RK 009M2 CK2	3/4"
887516	RK SS009M2 CK2	3/4"
888521	RK 009M3 CK2	3/4"
887007	RK 009 CK2	3/4" - 1"
887011	RK 009 CK2SS	3/4" - 1"
887526	RK SS009 CK2	1"
887790	RK 009M2 CK2	1"
Kit consists of: Check assembly and Cover o-ring.		
Check Rubber Parts:		
887293	RK 009 RC3	1/4", 3/8", 1/2"
887003	RK 009M2 RC3	3/4"
888522	RK 009M3 RC3	3/4"
887507	RK SS009 RC1	1/2"
887517	RK SS009M2 RC1	3/4"
887017	RK 009 RC1	3/4" - 1"
887527	RK SS009 RC1	1"
887791	RK 009M2 RC1	1"
887508	RK SS009 RC2	1/2"
887518	RK SS009M2 RC2	3/4"
887180	RK 009 RC2	3/4" - 1"
887528	RK SS009 RC2	1"
887792	RK 009M2 RC2	1"
Kit consists of: Disc, Cover o-ring and Seat o-ring.		
Retainers		
1047053	99AB47	1/4", 3/8", 1/2"
1047394	99BA47	3/4" M2-M3
1047001	99FA47	1 1/4" - 2"
1047001	99FA47	1 1/4" - 2" M1, 2" M2
1047401	99EA47	1 1/4" - 1 1/2" M2

1 1/4" - 2"

EDP No.	Kit No.	Size
First Check Kit:		
887300	RK 009M2 CK1	1 1/4" - 1 1/2"
887270	RK 009M1 CK1	1 1/4" - 2"
887006	RK 009 CK1	1 1/4" - 2"
887010	RK 009 CK1SS	1 1/4" - 2"
887272	RK 009MI CK1SS	1 1/4" - 2"
887540	RK 009M2 CK1	2"
Kit consists of: First check assembly, Cover o-ring and Sensing passage o-ring.		
Second Check Kit:		
887301	RK 009M2 CK2	1 1/4" - 1 1/2"
887271	RK 009M1 CK2	1 1/4" - 2
887008	RK 009 CK2	1 1/4" - 2"
887012	RK 009 CK2SS	1 1/4" - 2"
887273	RK 009 M1 CK2SS	1 1/4" - 2"
887541	RK 009M2 CK2	2"
Kit consists of: Second check assembly, Cover o-ring and Sensing passage o-ring.		
First Check Rubber Parts Kit:		
887304	RK 009M2 RC1	1 1/4" - 1 1/2"
887274	RK 009M1 RC1	1 1/4" - 2"
887018	RK 009 RC1	1 1/4" - 2"
887542	RK 009M2 RC1	2"
Kit consists of: First check assembly o-ring, Disc holder assembly, Cover o-ring and Sensing passage o-ring.		
Second Check Rubber Parts Kit:		
887305	RK 009M2 RC2	1 1/4" - 1 1/2"
887275	RK 009M1 RC2	1 1/4" - 2"
887183	RK 009 RC2	1 1/4" - 2"
887543	RK 009M2 RC2	2"
Kit consists of: Second check assembly o-ring, Disc holder assembly, Cover o-ring and Sensing passage o-ring.		

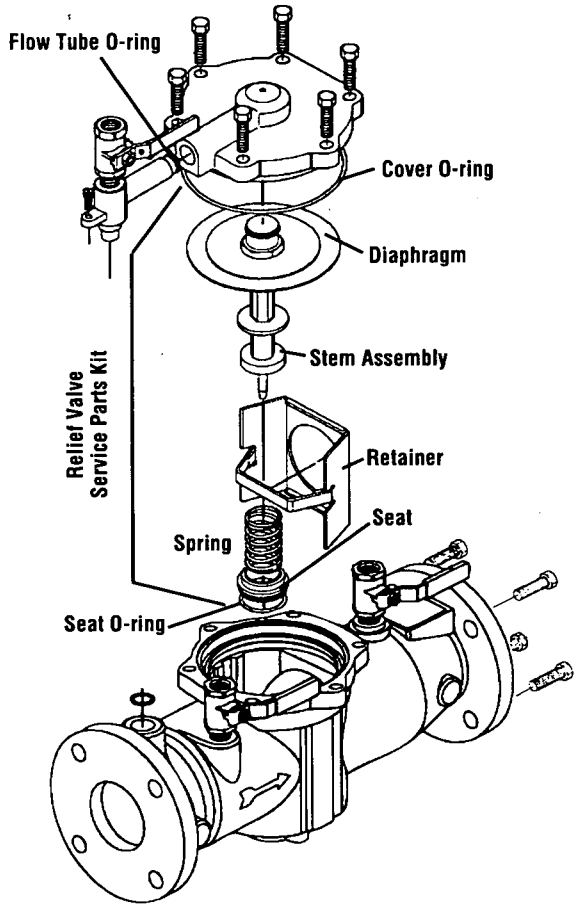
Watts reserves the right to change or modify product design, construction, specifications, or materials without prior notice and without incurring any obligation to make such changes and modifications on Watts products previously or subsequently sold.

For additional information, contact your local technical sales representative, see back page.

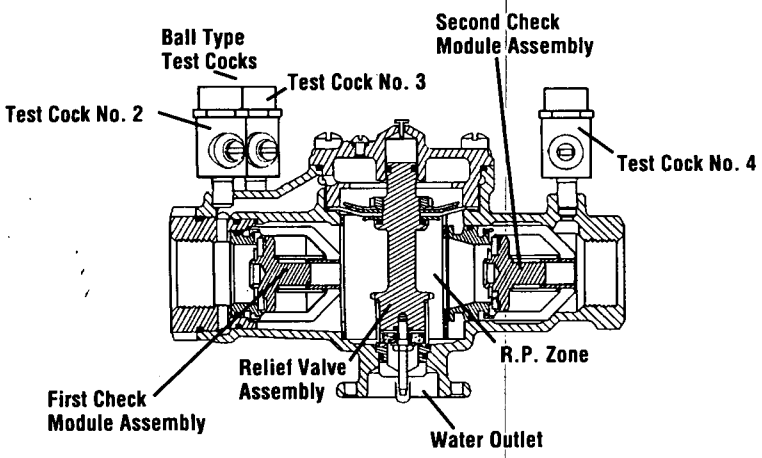
Servicing the Relief Valve - 2½" - 3"

1. Remove the four or six relief valve cover bolts while holding the cover down.
2. Lift the cover straight off. The stem and diaphragm assembly will normally remain with the cover as it is removed. The relief valve spring will be free insidethe body at this point.
3. The relief valve seat is located at the bottom of the body bore, and can be removed, if necessary, for cleaning. The disc can be cleaned without disassembly of the relief valve module. If it is determined that the relief valve diaphragm and/or disc should be replaced, the relief valve module can be readily disassembled without the use of special tools. **Note:** The disc rubber is molded into the disc holder and is supplied as a disc holder assembly.
4. To reassemble the relief valve, press the seat firmly into place in the body, center the spring on the seat, and insert the cover and relief valve module as a unit straight into the bore. Press down on the cover to assure proper alignment. Insert and tighten bolts.

   Caution: If cover will not press flat against body, stem assembly is crooked and damage can result. Realign stem and cover before bolts are inserted.



NOTE: No special tools required to service Series 009 2½" - 3".



Replacement Parts - 2½" - 3"

When ordering, specify Ordering Code Number, Kit number and Valve Size.

EDP No.	Kit No.	Size
Relief Valve Total Kit:		
887021	RK 009 VT	2½" - 3"
Kit consists of: Seat, Stem assembly, Spring, Two piston o-rings, Flow tube o-rings and Cover o-ring.		
Relief Valve Rubber Parts Kit:		
887206	RK 009 RV	2½" - 3"
Kit consists of: Diaphragm, Disc, Molded disc assembly, Piston o-rings, Stem o-ring and Cover o-ring.		

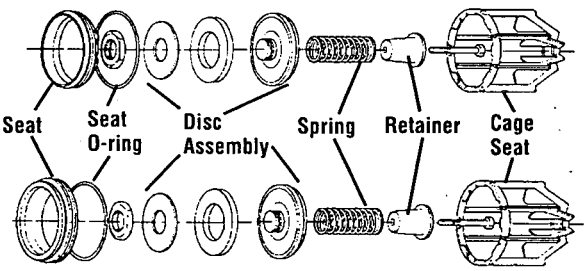
For additional information, contact your local technical sales representative, see back page.

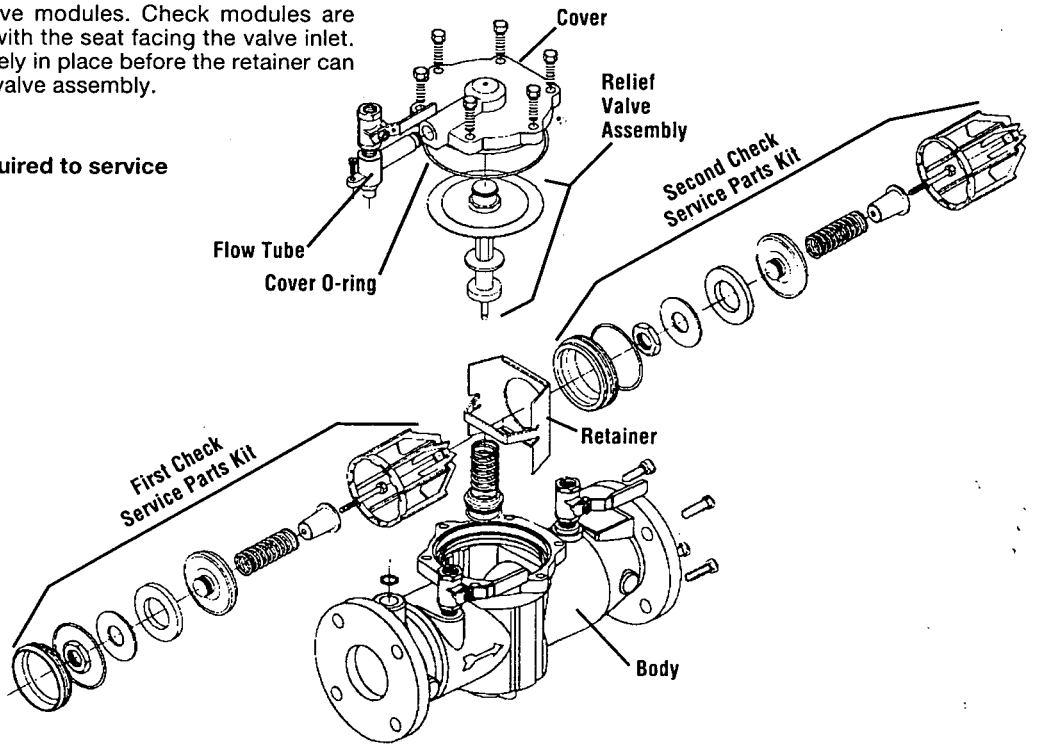
Servicing First & Second Check Valves - 2½" - 3"

1. Remove the relief valve assembly as outlined on page 5.
2. Remove the retainer from the body bore. The check valve modules can now be removed from the valve by hand or with a screwdriver. **Note:** The seats and springs of the first and second check modules are **not** interchangeable. The heavier spring and smaller diameter seat belong with the first check module.
3. The check seats are attached to the cage with a bayonet type locking arrangement. Holding the cage in one hand, push the seat inward and rotate counterclockwise against the cage. The seat, spring cage, spring and disc assembly are now individual components.
4. The disc assembly may now be cleaned and reassembled or, depending on its condition, may be discarded and replaced with a new assembly from the repair kit. O-rings should be cleaned or replaced as necessary and lightly greased with the FDA approved silicon grease. For more information refer to repair parts price list PL-RP-BPD.
5. Reassemble the check valve modules. Check modules are installed in the valve body with the seat facing the valve inlet. The modules must be securely in place before the retainer can be replaced. Replace relief valve assembly.

NOTE: No special tools required to service Series 009 2½" - 3"

Check Assemblies





Replacement Parts - 2½" - 3"

When ordering, specify Ordering Code Number, Kit Number and Valve Size.

EDP No.	Kit No.	Size
First Check Kit:		
887019	RK 009 CK1	2½" - 3"
Second Check Kit:		
887020	RK 009 CK2	2½" - 3"
Kit consists of: Check assembly, Cover o-ring and Flow tube o-ring.		
First Check Rubber Parts Kit		
887281	RK 009 RC1	2½" - 3"
Second Check Rubber Parts Kit		
887205	RK 009 RC2	2½" - 3"
Kit consists of: Disc, Seat o-ring and Flow tube O-ring.		

EDP No.	Kit No.	Size
Total Rubber Parts:		
887207	RK 009 RT	2½" - 3"
Kit consists of: Diaphragm, Two discs, Two molded disc assemblies, Two seat o-rings, RV o-ring, Two piston o-rings, RV stem o-ring, Flow tube o-rings and Cover o-ring.		
Cover Kit:		
887282	RK 009 C	2½" - 3"
Kit consists of: Cover, Cover o-ring and Flow tube o-ring.		
Seat Kit:		
887208	RK 009 S	2½" - 3"
Kit consists of: Check seat, Seat o-ring and Cover o-ring.		

For Technical Assistance Call Your Authorized Watts Agent.

			Telephone #	Fax #
	HEADQUARTERS: Watts Regulator Company	815 Chestnut St., North Andover, MA 01845-6098 U.S.A.	978 688-1811	978 794-1848
North East	E. W. Leonard, Inc.	Ray Palmer Rd., P.O. Box 371, Moodus, CT 06469	860 873-8691	860 873-8693
	Edwards, Platt & Deely, Inc.	271 Royal Ave., Hawthorne, NJ 07506	973 427-2898	973 427-4246
	Edwards, Platt & Deely, Inc.	368 Wyandanch Ave., North Babylon, NY 11703	516 253-0600	516 253-0303
	Trayco Sales, Inc.	11 Nottingham Rd., Lynnfield, MA 01940	781 334-6078	781 334-2859
	W. P. Haney Co., Inc.	51 Norfolk Ave., South Easton, MA 02375	508 238-2030	508 238-8353
	WMS Sales, Inc. (Main office)	9580 County Rd., Clarence Center, NY 14032	716 741-9575	716 741-4810
	WMS Sales, Inc.	47 Carousel Lane, Baldwinsville, NY 13027	315 635-6596	315 635-6891
	WMS Sales, Inc.	18 McMillen Place, Delmar, NY 12054	518 475-1017	518 475-9583
	WMS Sales, Inc.	56 Winchester Dr., Fairport, NY 14450	716 223-7980	716 223-7980
South East	Smith & Stevenson Co., Inc.	4935 Chastain Ave., Charlotte, NC 28217	704 525-3388	704 525-6749
	Billingsley & Associates, Inc.	5609-D Salmen St., Harahan, LA 70123	504 733-7624	504 733-6904
	Billingsley & Associates, Inc.	478 Cheyenne Lane, Madison, MS 39110	601 856-7565	601 856-8390
	Francisco J. Ortiz & Co., Inc.	Charlyn Industrial Pk., Road 190 KM1.9 - Lot #8, Carolina, Puerto Rico 00983	787 769-0085	787 750-5120
	Mid-America Marketing, Inc.	2776 B.M. Montgomery St., Birmingham, AL 35209	205 879-3469	205 870-5027
	Spotswood Associates	6235 Atlantic Blvd., Norcross, GA 30071	770 447-1227	770 263-6899
	Target Marketing Enterprises, Inc.	118 West Grant St., Building M, Orlando, FL 32806	407 245-7838	407 245-7833
East Central	RMI	Glenfield Bus. Ctr., 2535 Mechanicsville Tpk., Richmond, VA 23223	804 643-7355	804 643-7380
	Vernon Bitzer Associates, Inc.	138 Railroad Dr., Northhampton Ind. Pk., Ivyland, PA 18974	215 953-1400	215 953-1250
	Marketing Affiliates	107 Cypress St. SW, Reynoldsburg, OH 43068	740 927-6880	740 927-4545
	Marketing Affiliates	4920 Commerce Parkway, Warrensville Hts., OH 44128	740 927-6880	740 927-4545
	Mid-America Marketing, Inc.	1364 Foster Avenue, Nashville, TN 37210	615 259-9944	615 259-5111
	Mid-America Marketing, Inc.	5466 Old Hwy. 78, Memphis, TN 38118	901 795-0045	901 795-0394
	J. B. O'Connor Company, Inc.	P.O. Box 12927, Pittsburgh, PA 15241	724 745-5300	724 745-7420
	The Joyce Agency, Inc.	8442 Alban Rd., Springfield, VA 22150	703 866-3111	703 866-2332
South Central	Hugh M. Cunningham, Inc.	13755 Benchmark, Dallas, TX 75234	972 888-3800	972 888-3838
	Hugh M. Cunningham, Inc.	475 West 38th St, Houston, TX 77018	713 695-0495	713 692-8991
	Pro-Spec, Inc.	P.O. Box 472226, Tulsa, OK 74147-2226	918 461-0066	918 461-0105
	Mack McClain & Associates	5030 Northrup Ave., St. Louis, MO 63110	314 771-3699	314 771-3535
	Mack McClain & Associates, Inc.	1537 Ohio St., Des Moines, IA 50314	515 288-0184	515 288-5049
	Mack McClain & Associates, Inc.	15090 West 116th St., Olathe, KS 66062	913 339-6677	913 339-9518
North Central	Disney-McLane, Inc.	428 McGregor, Cincinnati, OH 45206	513 861-1682	513 487-5337
	Mid-Continent Marketing Services Ltd.	1724 Armitage Ct., Addison, IL 60101	630 953-1211	630 953-1067
	Advance Industrial Marketing Ltd.	1606 Commerce Dr., Sun Prairie, WI 53590	608 837-5005	608 837-2368
	Dave Watson Associates	1325 West Beecher, Adrian, MI 49221	517 263-8988	517 263-2328
South West	Phoenix Marketing, Ltd.	3322 Columbia Dr. N.E., Albuquerque, NM 87107	505 883-7100	505 883-7101
	P I R Sales, Inc.	3050 North San Marcos Place, Chandler, AZ 85224	602 892-6000	602 892-6096
	Delco Sales, Inc.	2267 Yates Ave., Los Angeles, CA 90040	323 890-9250	323 724-5227
	R. C. Hartnett & Associates	30852 Huntwood Ave., Hayward, CA 94544	510 471-7200	510 471-4441
North West	Hollabaugh Brothers & Associates	1260 6th Ave. South, Seattle, WA 98134-1308	206 467-0346	206 467-8368
	Hollabaugh Brothers & Associates	3028 S.E. 17th Ave., Portland, OR 97202	503 238-0313	503 235-2824
	R. E. Fitzpatrick Sales, Inc.	16 East 8th Ave., Midvale, UT 84047	801 566-7156	801 566-4979
	Delco Sales, Inc.	111 Sand Island Access Rd., Unit I-10, Honolulu, HI 96819	808 842-7900	808 842-9265
	Fanning & Associates, Inc.	6765 Franklin St., Denver, CO 80229-7111	303 289-4191	303 286-9069
	Soderholm & Associates, Inc.	7150 143rd Ave. N.W., Anoka, MN 55303	612 427-9635	612 427-5665
CANADA	Watts Industries (Canada) Inc. (Watts Regulator Co. Division)	5435 North Service Road, Burlington, Ontario L7L 5H7	905 332-4090	905 332-7068
	Hydro-Mechanical Sales Ltd.	3700 Joseph Howe Dr., Ste. 1 Halifax, Nova Scotia B3L 4H4	902 443-2274	902 443-2275
	Hydro-Mechanical Sales Ltd.	297 Collishaw St., Ste. 7 (shipping) Moncton, New Brunswick E1C 8M7	506 859-1107	506 859-2424
	Hydro-Mechanical Sales Ltd.	8 Torngat Cr., St. John's, Newfoundland A1E 5W6	709 368-6884	709 368-6887
	Le Groupe B.G.T. Inc.	2800 Rue Dalton Ste. 3, Parc Colbert, St-Foy, Quebec G1P 3S4	418 657-2800	418 657-2700
	Le Groupe B.G.T. Inc.	175 Merizzi, Ville St. Laurent, Quebec H4T 1Y3	514 341-9010	514 341-4464
	Walmar	24 Gurdwara Rd., Nepean, Ontario K2E 8A2	613 225-9774	613 225-0673
	Mar-Win Agencies Ltd.	1123 Empress St., Winnipeg, Manitoba R3E 3H1	204 775-8194	204 786-8016
	Mech-Mart	107 Hamilton Rd., New Hamburg, Ontario N0B 2G0	519 662-2460	519 662-2491
	Northern Mechanical Sales	P.O. Box 280 (mailing) 163 Pine St. (shipping), Garson, Ontario P3L 1S6	705 693-2715	705 693-4394
	RAM Mechanical Marketing	373 Quebec St. (shipping), Regina, Saskatchewan S4R 1K5	306 525-1986	306 525-0809
	RAM Mechanical Marketing	#13 - 1100 7th Ave. N. (shipping), Saskatoon, Saskatchewan S7K 2V9 P.O. Box 834 (mailing), Saskatoon, Saskatchewan S7K 3L7	306 244-6622	306 244-0807
	Currie Agencies Ltd.	7870 Express Street, Burnaby, B.C. V5A 1T4	604 420-6070	604 420-9022
	D.C. Sales	10-6130 4th St. S.E., Calgary, Alberta T2H 2B6	403 253-6808	403 259-8331
	D.C. Sales	Glenora P.O. Box 53014, Edmonton, Alberta T5N 4A8	403 496-9495	403 426-4078
9905	**EXPORT Hdqtrs.:** Watts Regulator Co.	815 Chestnut St., North Andover, MA 01845-6098 U.S.A.	978 688-1811	978 794-1848

A LEADER IN VALVE TECHNOLOGY

WATTS® REGULATOR

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Water Products Division • Safety & Control Valves

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EDP# 1911300

Printed in U.S.A.

C H M
Plumbing Backflow And Cross Connection Control
305 Conklintown Rd. Ringwood NJ 07456 973/835-0736

CHM BACKFLOW AND CROSS CONNECTION CONTROL IS PRIVATELY OWNED COMPANY SERVING THE NEW JERSEY SINCE 1985. WE ARE DEDICATED TO THE PROTECTION OF SAFE DRINKING AFTER THROUGH THE ELIMINATION OF CONTAMINATION BY WAY OF CROSS CONNECTIONS AND BACKFLOW INCIDENTS.
WE OFFER A FULL LINE OF SERVICES IN A PROFESSIONAL, COST-EFFECTIVE MANNER. OUR SERVICES INCLUDE;

- CROSS CONNECTION PROGRAM DEVELOPMENT
- PROGRAM ADMINISTRATION AND ENFORCEMENT
- XC2TM CROSS CONNECTION AND CONTROL MANAGEMENT SOFTWARE.
- CONSULTING
- PLUMBING NJ MASTER PLUMBING LIC NO.10992
- TESTING NJ MASTER TESTER LIC NO. 6824
- INSTALLATION.
- TROUBLESHOOTING
- REPAIRS

YOUR BACKFLOW AND CROSS CONNECTION CONTROL CONCERNS ARE RESOLVED AS EASILY AS CALLING CHM BACK FLOW AND CROSS CONNECTION CONTROL.

PLEASE FEEL FREE TO CONTACT US AT OUR OFFICE OF 973/835-6227 OR AT OR E-MAIL ADDRESS CHM. P @ GATEWAY.NET.

Professional Services
Dedicated To The Protection Of Safe Drinking Water

C H M PLUMBING AND BACKFLOW

305 CONKLINTOWN RD RINGWOOD NJ 07456 973/835-6227

INVOICE

1,775.50

Salesperson	PATRICK BURKE
DATE OF INITIAL TEST	DECEMBER 20, 1999
INVOOICED TO	ALFRED HELLER HEAT TREATING CO.
	5 WELLINGTON STREET
	CLIFTON NJ 07011-0330
	TEL:973/772-4200
	FAX:973/772-0433
	CONTACT
	BOGDAN MARINESCU
	PLANT ENGINEER
JOB LOCATION	ALFRED HELLER HEAT TREATING CO
	5 WELLINGTON STREET
	CLIFTON NJ 07011-0330
CUSTOMER P.O.	6763

BACKFLOW

INITAIL TEST	
SER. NO.	
MAKE OF DEVICE	
MODEL NO.	
SIZE	

REF NO.	QTY	DESCRIPTION	PRICE EACH	TOTAL
		DESCRIPTION OF BACKFLOW		
SER. NO.		1444		
MAKE OF DEV.		HERSEY SPARLING		
MODEL NO.		6C		
SIZE		2"		
SER. NO.				
MAKE OF DEV.		HERSEY SPARLING		
MODEL NO.		FRP-2		
SIZE		2"		
NOTES:		tested 2		
Mon Dec 20		backflow preventors and both failed		
		(1) 2" hersey FRP-2		
		(1) 2" HERSEY 6-C		
		tried to repair the FRP-2 but could not - will		
		order parts for both	250.00	
Thur Dec 23		repair (1) 2" backflow preventor FRP-2		
		replaced 1st and 2nd check valve		
		assemble and test	275.00	
		worked on 2" hersey backflow preventor		
		model 6C could not repair	150.00	
Tue Dec 28		install (1) 2" backflow preventor		
		labor and material	750.00	
		tested 2 backflow preventors		
		with inspection	250.00	

SUBTOTAL		16750..
Sales tax %	6%	100.50
PAYMENTS		
PLEASE PAY THIS AMOUNT		1,775.50

Please make checks payable to:
PATRICK BURKE
305 CONKLINTOWN
RINGWOOD NJ 07456

C H M PLUMBING AND CROSS CONNECTION CONTROL

305 CONKLINTOWN RD RINGWOOD NJ 973/835-6227

INVOICE

TOTAL DUE

Salesperson	PATRICK BURKE
Invoice date	DECEMBER 20, 1999
INVOICE TO	ALFRED AND HELLER
	5 WELLINGTON
	CLIFFTON NJ
	CONTACT BOGDAN
	973/772-4200
JOB LOCATION	ALFRED AND HELLER
	5 WELLINGTON
	CLIFFTON NJ
	CONTACT BOGDAN
	973/772-4200
BACKFLOW REPAIR RECORD	
INITIAL TEST	Failed (2)
SER. NO.	
MAKE OF DEVICE	
MODEL NO.	
SIZE	
Time	3:30 To 6 PM

REF NO.	QTY	DESCRIPTION	PRICE EACH	TOTAL
		DESCRIPTION OF BACKFLOW		
SER NO.		1444		
MAKE OF DEVICE		HERSEY SPARLING		
MODEL NO.		G C		
SIZE		2"		
SER NO.				
MAKE OF DEVICE				
MODEL NO				
SIZE				
SER NO.				
MAKE OF DEVICE		FRP-II		
MODEL NO.		150 PSI MWWP		
SIZE		2"		
SER. NO				
MAKE OF DEVICE				
MODEL NO.				
SIZE				
SER. NO.				
MAKE OF DEVICE				
MODEL NO.				
SIZE				
SER. NO.				
MAKE OF DEVICE				
MODEL NO.				
SIZE				
		TESTED BOTH & they Failed		
		Both By BAD First Check		
		TRIED TO Fix ONE & Noticed		
		SEAT + Rubber GASKET Were		
		BAD		
			SUBTOTAL	
			Sales tax % 6%	
			SHIPPING & HANDLING	
			PAYMENTS	
			PLEASE PAY THIS AMOUNT	

Please make checks payable to:

PATRICK BURKE

305 CONLINTOWN RD

RINGWOOD NJ 07456

C H M
Plumbing Backflow And Cross Connection Control
305 Conklintown Rd. Ringwood NJ 07456 973/835-0736

CHM BACKFLOW AND CROSS CONNECTION CONTROL IS PRIVATELY OWNED COMPANY SERVING THE NEW JERSEY SINCE 1985. WE ARE DEDICATED TO THE PROTECTION OF SAFE DRINKING AFTER THROUGH THE ELIMINATION OF CONTAMINATION BY WAY OF CROSS CONNECTIONS AND BACKFLOW INCIDENTS.
WE OFFER A FULL LINE OF SERVICES IN A PROFESSIONAL, COST-EFFECTIVE MANNER. OUR SERVICES INCLUDE;

- CROSS CONNECTION PROGRAM DEVELOPMENT
- PROGRAM ADMINISTRATION AND ENFORCEMENT
- XC2TM CROSS CONNECTION AND CONTROL MANAGEMENT SOFTWARE.
- CONSULTING
- PLUMBING NJ MASTER PLUMBING LIC NO.10992
- TESTING NJ MASTER TESTER LIC NO. 6824
- INSTALLATION.
- TROUBLESHOOTING
- REPAIRS

YOUR BACKFLOW AND CROSS CONNECTION CONTROL CONCERNS ARE RESOLVED AS EASILY AS CALLING CHM BACK FLOW AND CROSS CONNECTION CONTROL.

PLEASE FEEL FREE TO CONTACT US AT OUR OFFICE OF 973/835-6227 OR AT OR E-MAIL ADDRESS CHM. P @ GATEWAY.NET.

Professional Services
Dedicated To The Protection Of Safe Drinking Water

State of New Jersey
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE
PO Box 417
TRENTON NJ 08646-0417

CHRISTINE TODD WHITMAN
Governor

ROLAND M. MAC
Acting State Treas

DATE: 1/4/99

ATTENTION – THE ATTACHED IS BEING RETURNED FOR THE FOLLOWING REASON(S):

( ) Check was not enclosed. Please submit a check in the amount of $_____ payable to: **TREASURER, STATE OF NEW JERSEY.**

( ) Incorrect amount was received. Please submit a check in the amount of $_____.

( ) The entire original invoice must be submitted with the required signatures.

( ) Insurance Coverage Verification Form is incomplete because:

( ) The required commercial general liability coverage must be reported.

( ) The chemical liability coverage required for work performed under categories 3A, 3B, 7A, and 7B must be reported.

( ) ALL sections of this form must be completed.

(✓) Other:
Invoice No. 990197410 was paid on 4/20/99

If you have any questions concerning this matter, please contact Valerie Swan at (609) 777-1037.

Thank you.

Construction Code Enforcement

SY GOLDSTERN

PLUMBING SUB-CODE OFFICIAL

CITY OF CLIFTON
(973) 470-5809
FAX (973) 470-0617

900 CLIFTON AVENUE
CLIFTON, NJ 07013

Construction Code Enforcement

Wed Dec. 22 99 3:30 PM.
Interconnector test.

SY GOLDSTERN

PLUMBING SUB-CODE OFFICIAL

CITY OF CLIFTON
(973) 470-5809 /5812
FAX (973) 470-0617

900 CLIFTON AVENUE
CLIFTON, NJ 07013

973-835-0736

835-6227

TESTER
BACKFLOW PREVENTOR

CHM

PLUMBING & HEATING

SEWER CLEANING

Patrick Burke

136
62-2178

NJ Master Plumber
Lic. # 10971

Let's protect our earth

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

INVOICE NO.
990197410

NEW JERSEY SAFE DRINKING WATER ANNUAL PHYSICAL CONNECTION INVOICE

Permit No.	Category	Billing Date	Due Date	Amount Due
0495	PCR	03/31/99	05/31/99	$ 200.00

KEEP THIS PORTION FOR YOUR RECORDS

PLEASE NOTE: Failure to pay this fee is a violation of the New Jersey Safe Drinking Water Act. Violators may be subject to civil penalties in accordance with N.J.S.A. 58:12A-10, of up to $5,000.00 for each offense, each continuing day of the offense.

TYPE OF NOTICE	REGISTRATION PERIOD	EXPLANATION OF FEE: DESCRIPTION		AMOUNT
RENEWAL	04/01/99 - 03/31/00	Annual Fee	: $	200.00
		TOTAL DUE	$	200.00

MESSAGES:

THIS IS YOUR PHYSICAL
CONNECTION RENEWAL
FEE INVOICE PURSUANT
TO NJAC 7:10-15.

REMINDER:

- Please write the PERMIT NO. and INVOICE NO. on your check or money order.
- Return the BOTTOM PORTION of this INVOICE with your PAYMENT via the enclosed envelope.
- Please return your completed Application for Renewal of a Permit form (DWR-076) with your payment.

Send Billing Inquiries to:

NJDEP
Water Supply Element
Bureau of Safe Drinking Water
CN 426
Trenton, NJ 08625-0426

or contact directly at:

(609)-292-5550

INVOICE NO.
990197410

DEP81F R11/94

Let's protect our earth

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

INVOICE NO.
990197410

NEW JERSEY SAFE DRINKING WATER ANNUAL PHYSICAL CONNECTION INVOICE

Permit No.	Category	Billing Date	Due Date	Amount Due
0495	PCR	03/31/99	05/31/99	$ 200.00

If there are changes to your Mailing Name or Address, check this box ☐ and print the change on the back of this invoice.

DO NOT FOLD, BEND OR MARK

Enter the Amount of your Payment ☞ $ 200.00

RETURN THIS PORTION with your check made payable to:

TREASURER - STATE OF NEW JERSEY

and mail to:

NJDEP
BUREAU OF REVENUE
CN 417
TRENTON, NJ 08625-0417

81
ALFRED HELLER HEAT TREATING CO.
ATTN: V.P. PLANT OPERATIONS
PO BOX 330
CLIFTON NJ 07011-0330

10101010101010101010100004090511111100002000000007999019741048 14

CITY OF CLIFTON
900 CLIFTON AVENUE
CLIFTON, NEW JERSEY 07013

Date Issued 05/15/2000
Control #
Permit # 001502

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 10.10 Lot 1 Qual
Work Site Location 362 GETTY AVE(EMERGENCTY & EX
5 WELLINGTON
Owner in Fee/Occupant ALFRED HELLER HEAT TREATING CO
Address 5 WELLINGTON ST
CLIFTON, NJ 07011-
Telephone (973)772-4200
Contractor CHM PLUMBING & HEATING
Address 305 CONKLINTOWN RD
RINGWOOD, NJ 07456-
Telephone (973)835-0736 Fax ( )
Lic. No. or Bldrs. Reg. No. 10971
Federal Emp. No. 13-6622178

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

BACKFLOW PREVENTER TEST

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

Fee $ 0
Paid [X] Check No. Cash
Collected by: JS

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

State of New Jersey
Department of Environmental Protection
Water Supply Administration Bureau of Safe Drinking Water
401 E. State Street – P.O. Box 426
Trenton, New Jersey 08625-0426
Tel# 609-292-5550 – Fax# 609-292-1654

Christine Todd Whitman
Governor

Robert C. Shinn, Jr.
Commissioner

July 31, 2000

Bogdan Marinescu, Plant Engineer
Alfred Heller Heat Treating Co.
P.O. Box 330
Clifton, N.J. 07011

Re: Renewal of Physical Connection Permit # **0495**

Dear Marinescu:

We have pleasure in enclosing herewith your Physical Connection Permit Renewal which is being issued by this Department in accordance with the provisions of N.J.S.A. 58:12A-1 et seq., N.J.S.A. 58:11-9.1 et seq., and N.J.A.C. 7:10-10.1 et seq.

Your attention is particularly drawn to the expiration date and to the conditions with which you must comply before the next renewal can be effected. In connection with this, we direct you to make immediate arrangements with the supplier of water and the local administrative authority to witness the pressure test every three months and annual internal inspection if required and/or make arrangements with a certified tester who holds a valid backflow prevention device testers certificate, issued by a certifying agency approved by the Department, to perform these tests and inspections. A list of testers is available upon request.

To facilitate your recording the results of these tests and inspections, we are also enclosing copies of the Quarterly Test and Maintenance Report form, which must be completed for each test of each valve. Prior to the expiration date of this permit the Department will mail a Physical Connection Renewal Fee Invoice and Renewal Application Form, which must be submitted with the Quarterly Test and Maintenance forms from the preceding year. If you have any questions, you may call me at (609) 292-5550.

Sincerely,

James R. Montgomery

James R. Montgomery
Physical Connection Program
Bureau of Safe Drinking Water

Enclosures: QPCTMR & PCR-076
cc: Passaic Valley Water Comm
Clifton City Health Dept.

State of New Jersey

Christine Todd Whitman
Governor

Department of Environmental Protection
Water Supply Administration - Bureau of Safe Drinking Water

Robert C. Shinn, Jr.
Commissioner

PERMIT*

The New Jersey Department of Environmental Protection grants this permit in accordance with your application, attachments accompanying same application, and applicable laws and regulations. This permit is also subject to further conditions and stipulations enumerated in the supporting documents which are agreed to by the permittee upon acceptance of the permit.

Permit No. 0495	**Issuance Date** August 13, 1971	**Effective Date** April 1, 2000	**Expiration Date** March 31, 2001
Name and Address of Applicant Alfred Heller Heat Treating Co. P.O. Box 330 Clifton, N.J. 07011		**Location of Activity/Facility** Clifton City, Passaic County / 5 Wellington St. Building 1 & 2	
		Type of Permit RENEWAL PHYSICAL CONNECTION	**Statute(s)** N.J.A.C. 7:10-10.1 et. seq.

This permit grants permission to: Maintain, own and operate a Physical Connection between an approved Public Community Water System and an Unapproved Water Supply at the above named location, in consideration of the Renewal Permit Application received **April 25, 2000.**

Number, Type and Size of Backflow Preventor Valves Permitted- **Two 2 inch RPZs**
Owner of Approved Public Water System- **Passaic Valley Water Comm**
Local Administrative Authority- **Clifton City Health Dept.**
Source of Unapproved Water Supply- **Private Well**

This Permit is subject to the Following Specific Conditions:

1. The above listed valves shall be tested for tightness, under prevailing pressure conditions at least **once every three months**. N.J.A.C. 7:10-10.6. *Seasonal facilities shall be tested upon opening and once every three months while in operation.*

2. The above listed D.C.V.A. valves shall be disassembled and internally inspected for integrity of the internal mechanism annually, within six months prior to the submission of an application for permit renewal. N.J.A.C. 7:10-10.6(a)2. *A Reduced Pressure Zone (RPZ) valve shall not be subject to the annual internal inspection except as provided in N.J.A.C. 7:10-10.6(a)4.*

3. The owner of the facility where the physical connection exists shall either: Arrange for witnessing of these tests and annual internal inspection with a representative of the supplier of water and / or the local administrative authority, to be conducted by a representative of the owner. Or shall use a certified tester who holds a valid backflow prevention device testers certificate issued by a certifying agency approved by the Department, as per N.J.A.C. 7:10-10.8(f). *The supplier of water and the local administrative authority may require a representative be present to witness tests & inspections preformed by a certified tester.*

4. Upon completion of each test and inspection, the owner of the facility shall have the results and certifications of those present recorded on the Quarterly Test and Maintenance Report Form, and shall mail copies to the local administrative authority and supplier of water within 5 days of the test. Prior to expiration of this permit complete the Physical Connection Permit Renewal Application Form and submit it to the Department with all the Quarterly Test and Maintenance Report forms from the preceding permit year as per N.J.A.C. 7:10-10.5(b).

cc: Passaic Valley Water Comm
Clifton City Health Dept.

Approved by the authority of:
Shing-Fu Hsueh, Ph.D., Administrator
Water Supply Element

Barker Hamill, Bureau Chief

* The word permit means approval, certification, registration, etc.

This permit is subject to the following **GENERAL CONDITIONS:**

1. The permit is revocable, or subject to modification or change, at any time, when in the judgment of the New Jersey Department of Environmental Protection such revocation, modification or change shall be necessary.

2. The issuance of this permit shall not be deemed to affect in any way action by the New Jersey Department of Environmental Protection on any future application.

3. The works, facilities and/or activities shown by plans and/or other engineering data, which are this day approved, subject to the conditions herewith established, shall be constructed and/or executed in conformity with such plans and/or engineering data and said conditions.

4. No administrative change to an existing Physical Connection Permit shall be made without notifying the New Jersey Department of Environmental Protection within 14 days of such change, as per N.J.A.C. 7:10-10.7(a).

5. No modification to an approved physical connection installation listed in N.J.A.C 7:10-10.7(b) shall be made prior to submitting a written request and an application to modify the existing Physical Connection Permit.

6. The granting of this permit shall not be construed in any way to affect the title or ownership of property, and shall not make the Department of Environmental Protection or the State a party in any suit or question of ownership of property.

7. This permit does not waive the obtaining of Federal or other State or local Government consent when necessary. This permit is not valid and no work shall be undertaken until such time as all other required approvals and permits have been obtained.

8. A copy of this Permit and records of quarterly tests, maintenance and annual internal inspections shall be kept at the facility, and shall be exhibited upon request of any person.

9. In the examination of plans and/or other engineering data, the New Jersey Department of Environmental Protection does not examine the structural features of the design, such as thickness of concrete or its reinforcement, the efficiency of any electrical or mechanical equipment or apparatus; and the approval herewith given does not include these features.

10. For this permit to remain valid, each Physical Connection Installation Backflow Preventor Valve approved in this permit shall tested for tightness under prevailing conditions, internally inspected and maintained in accordance with N.J.A.C. 7:10-10.6.

11. Any approved Physical Connection Installation that fails a pressure test or internal inspection shall be repaired and retest within 30 days in accordance with N.J.A.C. 7:10-10.6(g). If the approved Physical Connection cannot be repaired it shall be replaced. The permit holder shall follow the Permit Modification Procedure outlined in N.J.A.C. 7:10-10.7.

Physical Connection Permit No._____

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Water Supply Administration - Bureau of Safe Drinking Water
401 East State Street - P. O. Box 426, Trenton, New Jersey 08625-0426

Physical Connection Permit - Renewal Application Form

Applicant/Owner_____
Permanent Legal Address_____
City/Town_____ State_____ Zip Code_____
Telephone ( )_____ Fax Number ( )_____
Contact Person Name_____ Title_____

Signature_____ Date_____

Name of Public Water System_____
Name of Local Administrative Authority_____
Location of Facility_____
Name of Facility, if applicable_____
Address (Street/Road)_____
Municipality_____ County_____

Number, Type(s), Size(s) and Location(s) of Backflow Preventor Valve(s) Permitted:

_____
_____
_____
_____
_____
_____
_____
_____

Records of Quarterly Testing and Annual Internal Inspection:

Witnessed By or Performed on: (Enter Date - Indicate Result – Comment Below)

Pressure Tests:	Supplier of Water	Local Authority Health or Plumbing Inspector	Certified Tester	Double Check Valve *Internal Inspection
1st Quarter 4/1 – 6/31	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	
2nd Quarter 7/1 – 9/30	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	
3rd Quarter 10/1 – 12/31	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK
4th Quarter 1/1 – 3/31	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK

* The Annual Internal Inspection is not required for Reduced Pressure Zone Valves except as provided by N.J.A.C. 7:10-10.6(a)4

Permit No: _____

1. **Certifications by Supplier of Water:**
On ___/____/___ The Supplier of Water for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of the Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.
Name of the Supplier of Water_____

Name_____

Title_____

Signature_____

2. **Certification by Local Administrative Authority:**
On ___/____/____ The Local Administrative Authority for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.
Name of Local Administrative Authority_____

Name_____

Title_____

Signature_____

3. **Certification by the Certified Tester:**
On ___/___/____ I Hereby Certify that: The Backflow Prevention Device(s) listed on the reverse side for this form were functioning satisfactorily at the time of the test.
Name of Firm _____
Address _____
Testers Name(s) _____
Testers School _____
Certified Testers No. _____ Testers Signature _____

Instructions: This Form **BSDW-PCR-076** is to be submitted after the Fourth Quarter Test and Inspection has been completed with: The **Quarterly Physical Connection Test and Maintenance Report** forms **BSDW-QPCTMR**, for each test of each approved valve, the **Annual Physical Connection Fee Invoice** and **$200.00 Fee.**

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st ☐ Quarter 4/1-6/30 2nd ☐ Quarter 7/1-9/30 3rd ☐ Quarter 10/1-12/31 4th ☐ Quarter 1/1-3/31

Physical Connection Permit No. _____

Date of Test ____/____/____

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 Days of each test & Inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

To: _____

From: (Name of Permit Holder) _____

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer of Valve _____

Model Number _____ RPZ ☐ DCVA ☐

Serial Number _____ Size _____ in.

Location of Valve

_____

_____

_____

Comments & Notations _____

	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
	1ST Check	2nd Check	Relief Valve	1ST Check	2ND Check
Initial Test Passed ☐ Failed ☐	Closed Tight ☐ at_____psid Leaked ☐ No. 2 Shut-off Valve Closed Tight ☐ Leaked ☐ By-pass used ☐	Closed Tight ☐ at_____psid Leaked ☐	Opened at_____psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ _____psid	Closed Tight ☐ _____psid	Opened at_____psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True.

Certified Testers Name _____

Certified Testers Signature _____

Certifying Authority _____

Cert. ID# _____ **Expiration Date** ____/____/____

Witnesses to test & Inspection

Name _____ **Title** _____

Representing _____

Name _____ **Title** _____

Representing _____

Test Procedure for Backflow Preventor Valve Assembly

Set Up Procedure for Testing

1. Verify that upstream shut-off valve No. 1 is open, and there is water pressure. Close downstream shut-off valve No. 2. **Note for Reduced Pressure Zone Valves:** *A discharge from the relief port indicates a leaking No. 1 check valve. If there is no discharge No. 1 check can be assumed to be holding tight.*
2. Flush test cocks Nos. 2, 3 & 4.
3. Close Test Kit high valve (A) and low valve (B), leave vent valve (C) open.

Reduced Pressure Zone Valve Assembly Test

A) Test the **first check valve** for a minimum of 5 PSID of static pressure drop:

1. Connect high-pressure hose to test cock #2.
2. Connect low-pressure hose to test cock #3.
3. Open test cocks #2 & #3.
4. Open test kit high valve (A) and bleed air and water through vent hose… Close high valve (A).
5. Open test kit low valve (B) and bleed air and water through vent hose… Close low valve (B) **Slowly**.
6. Observe stable differential pressure on gauge and record on test form. (Must be 5 PSID Minimum)

B) Test the **second check valve** for tightness against backpressure:

1. Connect vent hose to test cock #4.
2. Open test cock #4.
3. Open test kit high valve (A)… **Slowly**.
4. Observe gauge and record on test form. Second check is tight if differential pressure drops slightly and hold steady. If pressure continues to drop until relief port discharges second check is leaking.

C) Test **No. 2 shut-off valve** for tightness:

1. Close test cock #2.
2. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.
   Note: If No. 2 shut-off valve is leaking tests **A & B are invalid**; since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.

D) Test the operation of the **differential pressure relief valve:**
Note: Relief valve must open at a minimum of 2PSID.

1. Open test cock #2, test kit high valve (A) shall remain open and close test kit vent valve (C).
2. **Slowly** open the test kit low valve (B) until the differential pressure begins to fall… **Slowly.**
3. Observe the relief valve port for the first discharge of water and record the pressure differential on the gauge at this point on the form.

Double Check Valve Assembly Test

A) Test the **first check valve** for a minimum of 1 PSID of static pressure drop:

1. Connect high-pressure hose to test cock #2.
2. Connect low-pressure hose to test cock #3.
3. Open test cocks #2 & #3.
4. Open test kit high valve (A) and bleed air and water through vent hose… Close high valve (A).
5. Open test kit low valve (B) and bleed air and water through vent hose… Close low valve (B) **Slowly**.
6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)

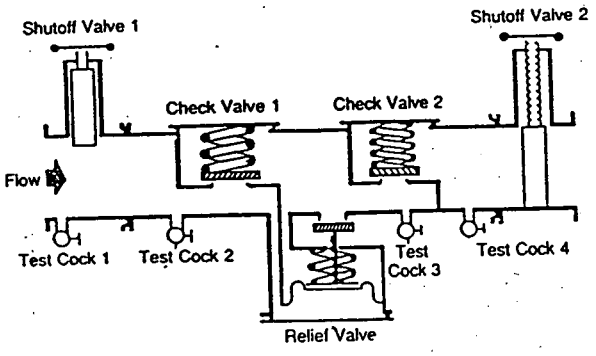
B) Test the **second check valve** for a minimum of 1 PSID static pressure drop: (close test cocks #2 & #3 and remove high & low-pressure hoses)

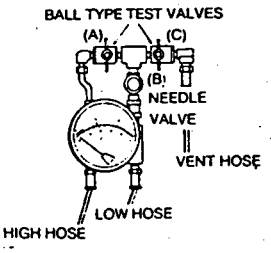
1. Connect high-pressure hose to test cock #3.
2. Connect low-pressure hose to test cock #4.
3. Open test cocks #3 & #4.
4. Open test kit high valve (A) and bleed air and water through vent hose… Close high valve (A).
5. Open test kit low valve (B) and bleed air and water through vent hose… Close low valve (B) **Slowly**.
6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)

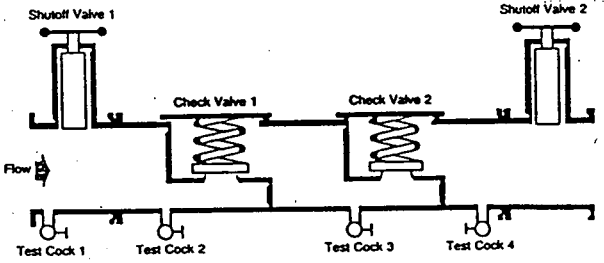
C) Test **No. 2 shut-off valve** for tightness:

1. Repeat procedure for test A.
2. Connect vent hose to test cock #4.
3. Open test cock #4.
4. Open test kit high valve (A) **Slowly**.
5. Close test cock #2.
6. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

Note: If No. 2 shut-off valve is leaking tests **A & B are invalid;** since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.







State of New Jersey

Christine Todd Whitman
Governor

Department of Environmental Protection
Water Supply Administration Bureau of Safe Drinking Water
401 E. State Street – P.O. Box 426
Trenton, New Jersey 08625-0426
Tel# 609-292-5550 – Fax# 609-292-1654

Robert C. Shinn, Jr.
Commissioner

July 31, 2000

Bogdan Marinescu, Plant Engineer
Alfred Heller Heat Treating Co.
P.O. Box 330
Clifton, N.J. 07011

Re: Renewal of Physical Connection Permit # **0495**

Dear Marinescu:

We have pleasure in enclosing herewith your Physical Connection Permit Renewal which is being issued by this Department in accordance with the provisions of N.J.S.A. 58:12A-1 et seq., N.J.S.A. 58:11-9.1 et seq., and N.J.A.C. 7:10-10.1 et seq.

Your attention is particularly drawn to the expiration date and to the conditions with which you must comply before the next renewal can be effected. In connection with this, we direct you to make immediate arrangements with the supplier of water and the local administrative authority to witness the pressure test every three months and annual internal inspection if required and/or make arrangements with a certified tester who holds a valid backflow prevention device testers certificate, issued by a certifying agency approved by the Department, to perform these tests and inspections. A list of testers is available upon request.

To facilitate your recording the results of these tests and inspections, we are also enclosing copies of the Quarterly Test and Maintenance Report form, which must be completed for each test of each valve. Prior to the expiration date of this permit the Department will mail a Physical Connection Renewal Fee Invoice and Renewal Application Form, which must be submitted with the Quarterly Test and Maintenance forms from the preceding year. If you have any questions, you may call me at (609) 292-5550.

Sincerely,

James R. Montgomery

James R. Montgomery
Physical Connection Program
Bureau of Safe Drinking Water

Enclosures: QPCTMR & PCR-076
cc: Passaic Valley Water Comm
Clifton City Health Dept.

State of New Jersey

Christine Todd Whitman
Governor

Department of Environmental Protection
Water Supply Administration - Bureau of Safe Drinking Water

Robert C. Shinn, Jr.
Commissioner

PERMIT*

The New Jersey Department of Environmental Protection grants this permit in accordance with your application, attachments accompanying same application, and applicable laws and regulations. This permit is also subject to further conditions and stipulations enumerated in the supporting documents which are agreed to by the permittee upon acceptance of the permit.

Permit No. 0495	**Issuance Date** August 13, 1971	**Effective Date** April 1, 2000	**Expiration Date** March 31, 2001
Name and Address of Applicant Alfred Heller Heat Treating Co. P.O. Box 330 Clifton, N.J. 07011		**Location of Activity/Facility** Clifton City, Passaic County / 5 Wellington St. Building 1 & 2	
		Type of Permit RENEWAL PHYSICAL CONNECTION	**Statute(s)** N.J.A.C. 7:10-10.1 et. seq.

This permit grants permission to: Maintain, own and operate a Physical Connection between an approved Public Community Water System and an Unapproved Water Supply at the above named location, in consideration of the Renewal Permit Application received **April 25, 2000.**

Number, Type and Size of Backflow Preventor Valves Permitted- **Two 2 inch RPZs**
Owner of Approved Public Water System- **Passaic Valley Water Comm**
Local Administrative Authority- **Clifton City Health Dept.**
Source of Unapproved Water Supply- **Private Well**

This Permit is subject to the Following Specific Conditions:

1. The above listed valves shall be tested for tightness, under prevailing pressure conditions at least **once every three months**. N.J.A.C. 7:10-10.6. *Seasonal facilities shall be tested upon opening and once every three months while in operation.*

2. The above listed D.C.V.A. valves shall be disassembled and internally inspected for integrity of the internal mechanism annually, within six months prior to the submission of an application for permit renewal. N.J.A.C. 7:10-10.6(a)2. *A Reduced Pressure Zone (RPZ) valve shall not be subject to the annual internal inspection except as provided in N.J.A.C. 7:10-10.6(a)4.*

3. The owner of the facility where the physical connection exists shall either: Arrange for witnessing of these tests and annual internal inspection with a representative of the supplier of water and / or the local administrative authority, to be conducted by a representative of the owner. Or shall use a certified tester who holds a valid backflow prevention device testers certificate issued by a certifying agency approved by the Department, as per N.J.A.C. 7:10-10.8(f). *The supplier of water and the local administrative authority may require a representative be present to witness tests & inspections preformed by a certified tester.*

4. Upon completion of each test and inspection, the owner of the facility shall have the results and certifications of those present recorded on the Quarterly Test and Maintenance Report Form, and shall mail copies to the local administrative authority and supplier of water within 5 days of the test. Prior to expiration of this permit complete the Physical Connection Permit Renewal Application Form and submit it to the Department with all the Quarterly Test and Maintenance Report forms from the preceding permit year as per N.J.A.C. 7:10-10.5(b).

cc: Passaic Valley Water Comm
Clifton City Health Dept.

Approved by the authority of:
Shing-Fu Hsueh, Ph.D., Administrator
Water Supply Element

Barker Hamill, Bureau Chief

* The word permit means approval, certification, registration, etc.

This permit is subject to the following **GENERAL CONDITIONS:**

1. The permit is revocable, or subject to modification or change, at any time, when in the judgment of the New Jersey Department of Environmental Protection such revocation, modification or change shall be necessary.

2. The issuance of this permit shall not be deemed to affect in any way action by the New Jersey Department of Environmental Protection on any future application.

3. The works, facilities and/or activities shown by plans and/or other engineering data, which are this day approved, subject to the conditions herewith established, shall be constructed and/or executed in conformity with such plans and/or engineering data and said conditions.

4. No administrative change to an existing Physical Connection Permit shall be made without notifying the New Jersey Department of Environmental Protection within 14 days of such change, as per N.J.A.C. 7:10-10.7(a).

5. No modification to an approved physical connection installation listed in N.J.A.C 7:10-10.7(b) shall be made prior to submitting a written request and an application to modify the existing Physical Connection Permit.

6. The granting of this permit shall not be construed in any way to affect the title or ownership of property, and shall not make the Department of Environmental Protection or the State a party in any suit or question of ownership of property.

7. This permit does not waive the obtaining of Federal or other State or local Government consent when necessary. This permit is not valid and no work shall be undertaken until such time as all other required approvals and permits have been obtained.

8. A copy of this Permit and records of quarterly tests, maintenance and annual internal inspections shall be kept at the facility, and shall be exhibited upon request of any person.

9. In the examination of plans and/or other engineering data, the New Jersey Department of Environmental Protection does not examine the structural features of the design, such as thickness of concrete or its reinforcement, the efficiency of any electrical or mechanical equipment or apparatus; and the approval herewith given does not include these features.

10. For this permit to remain valid, each Physical Connection Installation Backflow Preventor Valve approved in this permit shall tested for tightness under prevailing conditions, internally inspected and maintained in accordance with N.J.A.C. 7:10-10.6.

11. Any approved Physical Connection Installation that fails a pressure test or internal inspection shall be repaired and retest within 30 days in accordance with N.J.A.C. 7:10-10.6(g). If the approved Physical Connection cannot be repaired it shall be replaced. The permit holder shall follow the Permit Modification Procedure outlined in N.J.A.C. 7:10-10.7.

Physical Connection Permit No._____

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Water Supply Administration - Bureau of Safe Drinking Water
401 East State Street - P. O. Box 426, Trenton, New Jersey 08625-0426
Physical Connection Permit - Renewal Application Form

Applicant/Owner_____
Permanent Legal Address_____
City/Town_____ State_____ Zip Code_____
Telephone ( )_____ Fax Number ( )_____
Contact Person Name_____ Title_____

Signature_____ Date_____

Name of Public Water System_____
Name of Local Administrative Authority_____
Location of Facility_____
Name of Facility, if applicable_____
Address (Street/Road)_____
Municipality_____ County_____

Number, Type(s), Size(s) and Location(s) of Backflow Preventor Valve(s) Permitted:

_____
_____
_____
_____
_____
_____
_____
_____

Records of Quarterly Testing and Annual Internal Inspection:

Witnessed By or Performed on: (Enter Date - Indicate Result – Comment Below)

Pressure Tests:	Supplier of Water	Local Authority Health or Plumbing Inspector	Certified Tester	
1st Quarter 4/1 – 6/31	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	
2nd Quarter 7/1 – 9/30	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	**Double Check Valve *Internal Inspection**
3rd Quarter 10/1 – 12/31	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK
4th Quarter 1/1 – 3/31	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK

* The Annual Internal Inspection is not required for Reduced Pressure Zone Valves except as provided by N.J.A.C. 7:10-10.6(a)4

Permit No: _____

1. **Certifications by Supplier of Water:**
On ___/____/___ The Supplier of Water for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of the Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.
Name of the Supplier of Water_____

Name_____

Title_____

Signature_____

2. **Certification by Local Administrative Authority:**
On ___/____/____ The Local Administrative Authority for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.
Name of Local Administrative Authority_____

Name_____

Title_____

Signature_____

3. **Certification by the Certified Tester:**
On ___/___/____ I Hereby Certify that: The Backflow Prevention Device(s) listed on the reverse side for this form were functioning satisfactorily at the time of the test.
Name of Firm _____
Address _____
Testers Name(s) _____
Testers School _____
Certified Testers No. _____ Testers Signature _____

Instructions: This Form **BSDW-PCR-076** is to be submitted after the Fourth Quarter Test and Inspection has been completed with: The **Quarterly Physical Connection Test and Maintenance Report** forms **BSDW-QPCTMR**, for each test of each approved valve, the **Annual Physical Connection Fee Invoice** and **$200.00 Fee.**

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st ☐ Quarter 4/1-6/30 2nd ☐ Quarter 7/1-9/30 3rd ☐ Quarter 10/1-12/31 4th ☐ Quarter 1/1-3/31

Physical Connection Permit No. _____

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 Days of each test & Inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

Date of Test ____/____/____

To: _____

From: (Name of Permit Holder) _____

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer of Valve _____

Model Number _____ RPZ ☐ DCVA ☐

Serial Number _____ Size _____ in.

Location of Valve

_____

_____

_____

Comments & Notations _____

	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
	1ST Check	2nd Check	Relief Valve	1ST Check	2ND Check
Initial Test Passed ☐ Failed ☐	Closed Tight ☐ at_____psid Leaked ☐ No. 2 Shut-off Valve Closed Tight ☐ Leaked ☐ By-pass used ☐	Closed Tight ☐ at_____psid Leaked ☐	Opened at_____psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ _____psid	Closed Tight ☐ _____psid	Opened at____psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True.

Certified Testers Name _____

Certified Testers Signature _____

Certifying Authority _____

Cert. ID# _____ **Expiration Date** ____/____/____

Witnesses to test & Inspection

Name _____ **Title** _____

Representing _____

Name _____ **Title** _____

Representing _____

Test Procedure for Backflow Preventor Valve Assembly

Set Up Procedure for Testing

1. Verify that upstream shut-off valve No. 1 is open, and there is water pressure. Close downstream shut-off valve No. 2. **Note for Reduced Pressure Zone Valves:** *A discharge from the relief port indicates a leaking No. 1 check valve. If there is no discharge No. 1 check can be assumed to be holding tight.*
2. Flush test cocks Nos. 2, 3 & 4.
3. Close Test Kit high valve (A) and low valve (B), leave vent valve (C) open.

Reduced Pressure Zone Valve Assembly Test

A) Test the **first check valve** for a minimum of 5 PSID of static pressure drop:

1. Connect high-pressure hose to test cock #2.
2. Connect low-pressure hose to test cock #3.
3. Open test cocks #2 & #3.
4. Open test kit high valve (A) and bleed air and water through vent hose… Close high valve (A).
5. Open test kit low valve (B) and bleed air and water through vent hose… Close low valve (B) **Slowly**.
6. Observe stable differential pressure on gauge and record on test form. (Must be 5 PSID Minimum)

B) Test the **second check valve** for tightness against backpressure:

1. Connect vent hose to test cock #4.
2. Open test cock #4.
3. Open test kit high valve (A)… **Slowly**.
4. Observe gauge and record on test form. Second check is tight if differential pressure drops slightly and hold steady. If pressure continues to drop until relief port discharges second check is leaking.

C) Test **No. 2 shut-off valve** for tightness:

1. Close test cock #2.
2. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

   Note: If No. 2 shut-off valve is leaking tests **A & B are invalid**; since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.

D) Test the operation of the **differential pressure relief valve:**

Note: Relief valve must open at a minimum of 2PSID.

1. Open test cock #2, test kit high valve (A) shall remain open and close test kit vent valve (C).
2. **Slowly** open the test kit low valve (B) until the differential pressure begins to fall… **Slowly.**
3. Observe the relief valve port for the first discharge of water and record the pressure differential on the gauge at this point on the form.

Double Check Valve Assembly Test

A) Test the **first check valve** for a minimum of 1 PSID of static pressure drop:

1. Connect high-pressure hose to test cock #2.
2. Connect low-pressure hose to test cock #3.
3. Open test cocks #2 & #3.
4. Open test kit high valve (A) and bleed air and water through vent hose… Close high valve (A).
5. Open test kit low valve (B) and bleed air and water through vent hose… Close low valve (B) **Slowly**.
6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)

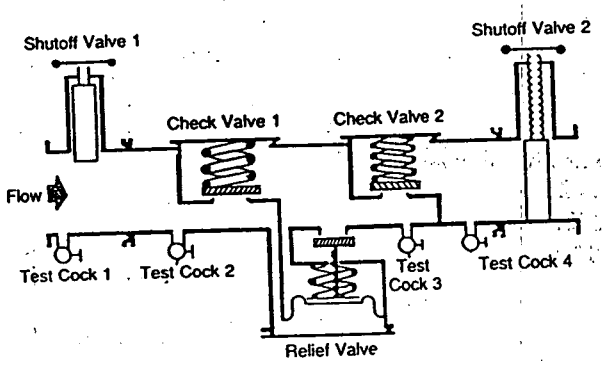
B) Test the **second check valve** for a minimum of 1 PSID static pressure drop: (close test cocks #2 & #3 and remove high & low-pressure hoses)

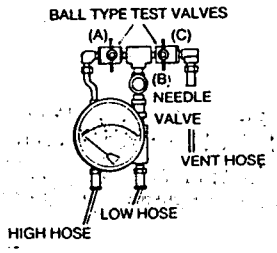
1. Connect high-pressure hose to test cock #3.
2. Connect low-pressure hose to test cock #4.
3. Open test cocks #3 & #4.
4. Open test kit high valve (A) and bleed air and water through vent hose… Close high valve (A).
5. Open test kit low valve (B) and bleed air and water through vent hose… Close low valve (B) **Slowly**.
6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)

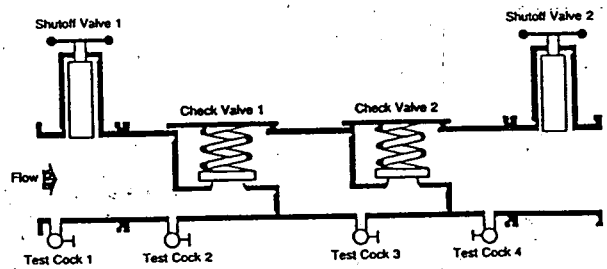
C) Test **No. 2 shut-off valve** for tightness:

1. Repeat procedure for test A.
2. Connect vent hose to test cock #4.
3. Open test cock #4.
4. Open test kit high valve (A) **Slowly**.
5. Close test cock #2.
6. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

Note: If No. 2 shut-off valve is leaking tests **A & B are invalid;** since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.







ALFRED HELLER HEAT TREATING CO.
5 WELLINGTON STREET
P.O. BOX 330
CLIFTON, NJ 07011-0330

HUDSON UNITED BANK HUB
Clifton Office
295 Clifton Avenue
Clifton, N.J. 07011

5590

55-150/212
1018

Date April 10th, 2002

Pay to the order of Treasurer State of New Jersey $ 200.00

Two Hundred and 00/100 Dollars

Security features are included. Details on back.

THIS CHECK IS DELIVERED IN CONNECTION WITH THE FOLLOWING ACCOUNTS

#02019 1160			
Permit #0495			

MP

⑈005590⑈ ⑆021201503⑆ 0208000[illegible]

NEW JERSEY UNIFORM CONSTRUCTION CODE

For Information Call: _____

Permit No. 021079

APPROVAL FOR PLUMBING

		Date	Inspector
[ ]	Slab		
[ ]	Rough		
[ ]	Water		
[ ]	Gas		
[ ]	Mechanical		
[ ]	Sewer		
[2]	Other BACKFLOWS	3 4/9/02	
[ ]	Other TEST		
[ ]	Final		

U.C.C. F223
(rev. 3/96)

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st ☐ Quarter 4/1-6/30 2nd ☐ Quarter 7/1-9/30 3rd ☐ Quarter 10/1-12/31 4th ☐ Quarter 1/1-3/31

Physical Connection Permit No. _____

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 Days of each test & Inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

Date of Test ____/____/____

To: _____

From: (Name of Permit Holder) _____

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer of Valve _____

Model Number _____ RPZ ☐ DCVA ☐

Serial Number _____ Size _____ in.

Location of Valve

_____

_____

_____

Comments & Notations _____

	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
	1ST Check	2nd Check	Relief Valve	1ST Check	2ND Check
Initial Test Passed ☐ Failed ☐	Closed Tight ☐ at_____psid Leaked ☐	Closed Tight ☐ at_____psid Leaked ☐	Opened at_____psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
	No. 2 Shut-off Valve Closed Tight ☐ Leaked ☐ By-pass used ☐				
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ _____psid	Closed Tight ☐ _____psid	Opened at_____psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True.

Certified Testers Name _____

Certified Testers Signature _____

Certifying Authority _____

Cert. ID# _____ **Expiration Date** ____/____/____

Witnesses to test & Inspection

Name _____ **Title** _____

Representing _____

Name _____ **Title** _____

Representing _____

Test Procedure for Backflow Preventor Valve Assembly

Set Up Procedure for Testing

1. Verify that upstream shut-off valve No. 1 is open, and there is water pressure. Close downstream shut-off valve No. 2. **Note for Reduced Pressure Zone Valves:** *A discharge from the relief port indicates a leaking No. 1 check valve. If there is no discharge No. 1 check can be assumed to be holding tight.*
2. Flush test cocks Nos. 2, 3 & 4.
3. Close Test Kit high valve (A) and low valve (B), leave vent valve (C) open.

Reduced Pressure Zone Valve Assembly Test

A) Test the **first check valve** for a minimum of 5 PSID of static pressure drop:

1. Connect high-pressure hose to test cock #2.
2. Connect low-pressure hose to test cock #3.
3. Open test cocks #2 & #3.
4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) **Slowly**.
6. Observe stable differential pressure on gauge and record on test form. (Must be 5 PSID Minimum)

B) Test the **second check valve** for tightness against backpressure:

1. Connect vent hose to test cock #4.
2. Open test cock #4.
3. Open test kit high valve (A)... **Slowly**.
4. Observe gauge and record on test form. Second check is tight if differential pressure drops slightly and hold steady. If pressure continues to drop until relief port discharges second check is leaking.

C) Test **No. 2 shut-off valve** for tightness:

1. Close test cock #2.
2. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

   Note: If No. 2 shut-off valve is leaking tests **A & B are invalid**; since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.

D) Test the operation of the **differential pressure relief valve:**

Note: Relief valve must open at a minimum of 2PSID.

1. Open test cock #2, test kit high valve (A) shall remain open and close test kit vent valve (C).
2. **Slowly** open the test kit low valve (B) until the differential pressure begins to fall... **Slowly.**
3. Observe the relief valve port for the first discharge of water and record the pressure differential on the gauge at this point on the form.

Double Check Valve Assembly Test

A) Test the **first check valve** for a minimum of 1 PSID of static pressure drop:

1. Connect high-pressure hose to test cock #2.
2. Connect low-pressure hose to test cock #3.
3. Open test cocks #2 & #3.
4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) **Slowly**.
6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)

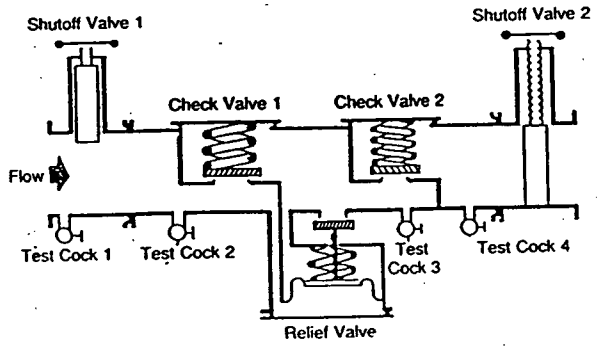
B) Test the **second check valve** for a minimum of 1 PSID static pressure drop: (close test cocks #2 & #3 and remove high & low-pressure hoses)

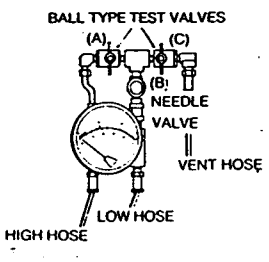
1. Connect high-pressure hose to test cock #3.
2. Connect low-pressure hose to test cock #4.
3. Open test cocks #3 & #4.
4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) **Slowly**.
6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)

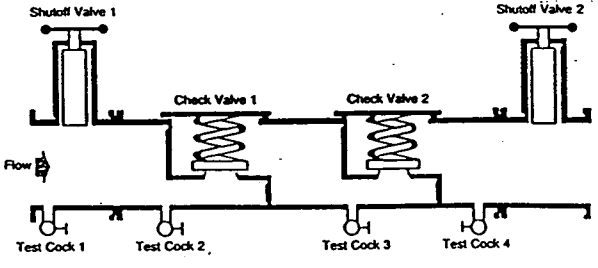
C) Test **No. 2 shut-off valve** for tightness:

1. Repeat procedure for test A.
2. Connect vent hose to test cock #4.
3. Open test cock #4.
4. Open test kit high valve (A) **Slowly**.
5. Close test cock #2.
6. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

Note: If No. 2 shut-off valve is leaking tests **A & B are invalid;** since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.







BSOW-PC-PT(2/95)

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER SUPPLY ELEMENT
BUREAU OF SAFE DRINKING WATER
Quarterly Physical Connection Test and Maintenance Report

1st ☑ QUARTER 4-2/6-30 | 2nd ☐ QUARTER 7-2/9-30 | 3rd ☐ QUARTER 10-1/12-31 | 4th ☐ QUARTER 1-1/3-31 | ☐ INITIAL TEST

April 9 02
Date of Test

For Physical Connection Permit No. _____
(Please fill out one form for each device)

TO: _____ and TO: _____
WATER PURVEYOR | HEALTH AUTHORITY

Attn: Physical Connection Section

The backflow prevention device hereon has been tested and maintained as required by N.J.A.C. 7:10-10.1 et seq. and is certified to comply with these rules and regulations

Make of Device Hersey Sparling size 2" ∅ INCH
Model Number FRP II located at Alfred Heller Heat Treating FACILITY NAME
Serial Number _____ 5 Wellington St ADDRESS
Type of Device ☐ DC ☑ RP Clifton NJ 07011

	PRESSURE TEST			INTERNAL INSPECTION	
	Reduced Pressure Devices			Double Check Devices	
	Double Check Devices		Relief Valve	1st check	2nd check
	1st check	2nd check			
Initial Test	DC-Closed Tight ☐ RP- 5 psid Leaked ☐	Closed Tight ☑ Leaked ☐ SHUTOFF VALVE #2 Tight ☐ Leaked ☐ Bypass used ☐	Opened at 2 1/2 psid	OK ☐ Failed ☐	OK ☐ Failed ☐
Repairs and Materials Used					
Test After Repair Assembly	DC-Closed Tight ☐ RP-____psid	Closed Tight ☐	Opened at ____ psid	DC-Closed Tight ☐	Closed Tight ☐

The above is certified to be true.

Firm CHM Plumbing NAME
305 Conklintown Rd Ringwood ADDRESS
Certified Tester Name Patrick Burke TYPE OR PRINT
Patrick Burke SIGNATURE
Cert. Tester No. 6824 Expiration Date 11/02

and/or

WITNESSING AUTHORITY(ies)

Health Sy Goldstern PRINT NAME — Sub Code Official TITLE
Sy Goldstern SIGNATURE

Water _____ PRINT NAME _____ TITLE
_____ SIGNATURE

BSOW-PC-PT(2/95)

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER SUPPLY ELEMENT
BUREAU OF SAFE DRINKING WATER

Quarterly Physical Connection Test and Maintenance Report

1st QUARTER 4-2/6-30 ☑ | 2nd QUARTER 7-2/9-30 ☐ | 3rd QUARTER 10-1/12-31 ☐ | 4th QUARTER 1-1/3-31 ☐ | INITIAL TEST ☐

Date of Test: April 19 02

For Physical Connection Permit No. _____
(Please fill out one form for each device)

TO: _____ (WATER PURVEYOR) and TO: _____ (HEALTH AUTHORITY)

Attn: Physical Connection Section

The backflow prevention device hereon has been tested and maintained as required by N.J.A.C. 7:10-10.1 et seq. and is certified to comply with these rules and regulations

Make of Device: WATTS RPZ — size: 2" Ø (INCH)

Model Number: 909 QT RM2 — located at: Alfred Heller Heat Treating (FACILITY NAME)

Serial Number: 38799 — 5 Wellington St (ADDRESS)

Type of Device: ☐ DC ☑ RP — Clifton NJ 07011

	PRESSURE TEST			INTERNAL INSPECTION	
	Reduced Pressure Devices			Double Check Devices	
	Double Check Devices		Relief Valve	1st check	2nd check
	1st check	2nd check			
Initial Test	DC-Closed Tight ☐ RP- 8½ psid Leaked ☐	Closed Tight ☑ Leaked ☐ SHUTOFF VALVE #2 Tight ☐ Leaked ☐ Bypass used ☐	Opened at 3½ psid	OK ☐ Failed ☐	OK ☐ Failed ☐
Repairs and Materials Used					
Test After Repair Assembly	DC-Closed Tight ☐ RP-____psid	Closed Tight ☐	Opened at ____psid	DC-Closed Tight ☐	Closed Tight ☐

The above is certified to be true.

Firm: CHM Plumbing (NAME) and/or

305 Conklintown Rd Ringwood NJ (ADDRESS)

Certified Tester Name: Patrick Burke (TYPE OR PRINT)

Patrick Burke (SIGNATURE)

Cert. Tester No. 6824 Expiration Date 11/02

WITNESSING AUTHORITY(ies)

Health: Sy Goldstern (PRINT NAME) Sub Code Officer (TITLE)

Sy Goldstern (SIGNATURE)

Water: _____ (PRINT NAME) _____ (TITLE)

_____ (SIGNATURE)

Physical Connection Permit No. 0495

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Water Supply Administration - Bureau of Safe Drinking Water
401 East State Street - P. O. Box 426, Trenton, New Jersey 08625-0426

Physical Connection Permit - Renewal Application Form

Applicant/Owner ALFRED HELLER HEAT TREATING CO.
Permanent Legal Address 5 WELLINGTON STREET
City/Town CLIFTON State NJ. Zip Code 07011
Telephone (973) 772 4200 Fax Number (973) 772 0433
Contact Person Name BOGDAN MARINESCU Title PLANT ENGINEER

Signature [signature] Date 4/9/02

Name of Public Water System PASSAIC VALLEY WATER COMM
Name of Local Administrative Authority CLIFTON CITY HEALTH DEPT.
Location of Facility CLIFTON CITY / PASSAIC COUNTY
Name of Facility, if applicable ALFRED HELLER HEAT TREATING
Address (Street/Road) 5 WELLINGTON STREET
Municipality CLIFTON County PASSAIC

Number, Type(s), Size(s) and Location(s) of Backflow Preventor Valve(s) Permitted:
HERSEY SPARLING, 2", FRP II, BUILDING 1
WATTS RP2, 2", 909QTM2, BUILDING 2.

Records of Quarterly Testing and Annual Internal Inspection:

Pressure Tests:	Witnessed By or Performed on: (Enter Date - Indicate Result – Comment Below) Supplier of Water	Local Authority Health or Plumbing Inspector	Certified Tester	Double Check Valve *Internal Inspection
1st Quarter 4/1 – 6/31	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	
2nd Quarter 7/1 – 9/30	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	
3rd Quarter 10/1 – 12/31	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK
4th Quarter 1/1 – 3/31	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK

* The Annual Internal Inspection is not required for Reduced Pressure Zone Valves except as provided by N.J.A.C. 7:10-10.6(a)

Permit No: _____

1. **Certifications by Supplier of Water:**
On ___/___/___ The Supplier of Water for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of the Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.
Name of the Supplier of Water _____

Name _____

Title _____

Signature _____

2. **Certification by Local Administrative Authority:**
On 4/9/02 The Local Administrative Authority for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.
Name of Local Administrative Authority CITY OF CLIFTON

Name Sy GOLDSTERN

Title PLUMBING SUB CODE OFFICIAL

Signature Sy Goldstern
as per Pat Burke Test 4-9-02

3. **Certification by the Certified Tester:**
On 4/9/02 I Hereby Certify that: The Backflow Prevention Device(s) listed on the reverse side for this form were functioning satisfactorily at the time of the test.
Name of Firm CHRN PLUMBING
Address 305 CONKLINTOWN Rd RINGWOOD NJ
Testers Name(s) PATRICK BURKE
Testers School NEWW
Certified Testers No. 6824 Testers Signature Patrick Burke

Instructions: This Form **BSDW-PCR-076** is to be submitted after the Fourth Quarter Test and Inspection has been completed with: The **Quarterly Physical Connection Test and Maintenance Report** forms **BSDW-QPCTMR**, for each test of each approved valve, the **Annual Physical Connection Fee Invoice** and **$200.00 Fee.**

Telephone N. J. 772-4200

PURCHASE ORDER

ALFRED HELLER HEAT TREATING CO.
HEAT TREATING SPECIALISTS
5 WELLINGTON STREET
P.O. BOX 330
CLIFTON, N.J. 07011

Purchase Order No. 13314

TO: CHM PLUMBING

SHIP TO: Same as above

DATE	DATE REQUESTED	TERMS	F.O.B.	SHIP VIA	DEPT.	FOR OUR USE ☐	FOR RESALE ☐
2/24/04	2/24/04				General Plant		

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	Test and inspect 2 backflow preventors for renewal Physical connection permit		
	By acceptance of this purchase order, the supplier agrees that the material manufactured satisfies all current governmental and safety constraints on restricted, toxic and hazardous materials; as well as environmental electrical and electromagnetic considerations applicable to the country of manufacture and sale and proof is kept at supplier facility.		

IMPORTANT
OUR ORDER NUMBER MUST APPEAR ON ALL CORRESPONDENCE, INVOICES AND PACKAGES. NOTIFY US IMMEDIATELY IF UNABLE TO SHIP ORDER COMPLETE BY DATE SPECIFIED.

Purchaser maintains the right to audit the supplier to assure the quality of the product being purchased.

BY _____

Telephone N. J. 772-4200

PURCHASE ORDER

ALFRED HELLER HEAT TREATING CO.
HEAT TREATING SPECIALISTS
5 WELLINGTON STREET
P.O. BOX 330
CLIFTON, N.J. 07011

Purchase Order No. 11684

TO: CHM PLUMBING

SHIP TO: Same as above

DATE	DATE REQUESTED	TERMS	F.O.B.	SHIP VIA	DEPT.	FOR OUR USE ☐	FOR RESALE ☐
12/10/03	12/10/03				General Plant		

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	Pretest and test with PVW Comm. for 2 backflow preventors Bldg 1 and Bldg 2		
	By acceptance of this purchase order, the supplier agrees that the material manufactured satisfies all current governmental and safety constraints on restricted, toxic and hazardous materials, as well as environmental electrical and electromagnetic considerations applicable to the country of manufacture and sale and proof is kept at supplier facility.		

IMPORTANT
OUR ORDER NUMBER MUST APPEAR ON ALL CORRESPONDENCE, INVOICES AND PACKAGES. NOTIFY US IMMEDIATELY IF UNABLE TO SHIP ORDER COMPLETE BY DATE SPECIFIED.

Purchaser maintains the right to audit the supplier to assure the quality of the product being purchased.

BY Maureen

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st ☐ 2nd ☐ 3rd ☐ 4th ☐

Quarter 4/1-6/30 | Quarter 7/1-9/30 | Quarter 10/1-12/31 | Quarter 1/1-3/31

Physical Connection Permit No. _____

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 Days of each test & Inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

Date of Test ____/____/____

To: _____

From: (Name of Permit Holder) _____

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer of Valve _____

Model Number _____ RPZ ☐ DCVA ☐

Serial Number _____ Size _____ in.

Location of Valve

_____

_____

_____

Comments & Notations _____

	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
	1ST Check	2nd Check	Relief Valve	1ST Check	2ND Check
Initial Test Passed ☐ Failed ☐	Closed Tight ☐ at_____psid Leaked ☐	Closed Tight ☐ at_____psid Leaked ☐	Opened at_____psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
	No. 2 Shut-off Valve Closed Tight ☐ Leaked ☐ By-pass used ☐				
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ _____psid	Closed Tight ☐ _____psid	Opened at_____psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True.

Certified Testers Name _____

Certified Testers Signature _____

Certifying Authority _____

Cert. ID# _____ Expiration Date ____/____/____

Witnesses to test & Inspection

Name _____ Title _____

Representing _____

Name _____ Title _____

Representing _____

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st ☐ Quarter 4/1-6/30 2nd ☐ Quarter 7/1-9/30 3rd ☐ Quarter 10/1-12/31 4th ☐ Quarter 1/1-3/31

Physical Connection Permit No. _____

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 Days of each test & Inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

Date of Test ____/____/____

To: _____

From: (Name of Permit Holder) _____

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer of Valve _____

Model Number _____ RPZ ☐ DCVA ☐

Serial Number _____ Size _____ in.

Location of Valve

_____

_____

_____

Comments & Notations _____

	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY / DOUBLE CHECK VALVE			DOUBLE CHECK VALVE ASSEMBLY	
	1ST Check	2nd Check	Relief Valve	1ST Check	2ND Check
Initial Test Passed ☐ Failed ☐	Closed Tight ☐ at_____psid Leaked ☐	Closed Tight ☐ at_____psid Leaked ☐	Opened at_____psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
	No. 2 Shut-off Valve Closed Tight ☐ Leaked ☐ By-pass used ☐				
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ _____psid	Closed Tight ☐ _____psid	Opened at_____psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True.

Certified Testers Name _____

Certified Testers Signature _____

Certifying Authority _____

Cert. ID# _____ Expiration Date ____/____/____

Witnesses to test & Inspection

Name _____ Title _____

Representing _____

Name _____ Title _____

Representing _____

Physical Connection Permit No._____

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Water Supply Administration - Bureau of Safe Drinking Water
401 East State Street - P. O. Box 426, Trenton, New Jersey 08625-0426

Physical Connection Permit - Renewal Application Form

Applicant/Owner_____
Permanent Legal Address_____
City/Town_____ State_____ Zip Code_____
Telephone ( )_____ Fax Number ( )_____
Contact Person Name_____ Title_____

Signature_____ Date_____

Name of Public Water System_____
Name of Local Administrative Authority_____
Location of Facility_____
Name of Facility, if applicable_____
Address (Street/Road)_____
Municipality_____ County_____

Number, Type(s), Size(s) and Location(s) of Backflow Preventor Valve(s) Permitted:

_____
_____
_____
_____
_____
_____
_____
_____

Records of Quarterly Testing and Annual Internal Inspection:

Witnessed By or Performed on: (Enter Date - Indicate Result – Comment Below)

Pressure Tests:	Supplier of Water	Local Authority Health or Plumbing Inspector	Certified Tester	Double Check Valve *Internal Inspection
1st Quarter 4/1 – 6/31	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	
2nd Quarter 7/1 – 9/30	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	
3rd Quarter 10/1 – 12/31	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK
4th Quarter 1/1 – 3/31	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK

* The Annual Internal Inspection is not required for Reduced Pressure Zone Valves except as provided by N.J.A.C. 7:10-10.6(a)

Physical Connection Permit No._____

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Water Supply Administration - Bureau of Safe Drinking Water
401 East State Street - P. O. Box 426, Trenton, New Jersey 08625-0426

Physical Connection Permit - Renewal Application Form

Applicant/Owner_____
Permanent Legal Address_____
City/Town_____ State_____ Zip Code_____
Telephone ( )_____ Fax Number ( )_____
Contact Person Name_____ Title_____

Signature_____ Date_____

Name of Public Water System_____
Name of Local Administrative Authority_____
Location of Facility_____
Name of Facility, if applicable_____
Address (Street/Road)_____
Municipality_____ County_____

Number, Type(s), Size(s) and Location(s) of Backflow Preventor Valve(s) Permitted:

_____
_____
_____
_____
_____
_____
_____
_____

Records of Quarterly Testing and Annual Internal Inspection:

Witnessed By or Performed on: (Enter Date - Indicate Result – Comment Below)

Pressure Tests:	Supplier of Water	Local Authority Health or Plumbing Inspector	Certified Tester	
1st Quarter 4/1 – 6/31	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	
2nd Quarter 7/1 – 9/30	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	Double Check Valve *Internal Inspection
3rd Quarter 10/1 – 12/31	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK
4th Quarter 1/1 – 3/31	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK	___/___/___ ☐ OK

* The Annual Internal Inspection is not required for Reduced Pressure Zone Valves except as provided by N.J.A.C. 7:10-10.6(a

Permit No: 0495

1. **Certifications by Supplier of Water:**
On 12/10/03 The Supplier of Water for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of the Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.
Name of the Supplier of Water Passaic Valley Water Comm

Name James Montgomery James Montgomery

Title Senior Water Repairman

Signature James Montgomery

2. **Certification by Local Administrative Authority:**
On ___/___/___ The Local Administrative Authority for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.
Name of Local Administrative Authority _____

Name _____

Title _____

Signature _____

3. **Certification by the Certified Tester:**
On 12/10/03 I Hereby Certify that: The Backflow Prevention Device(s) listed on the reverse side for this form were functioning satisfactorily at the time of the test.
Name of Firm CHM Plumbing
Address 305 Conklingtown Rd Ringwood NJ
Testers Name(s) Patrick Burke
Testers School NEWWA
Certified Testers No. 6824 Testers Signature Patrick Burke

Instructions: This Form **BSDW-PCR-076** is to be submitted after the Fourth Quarter Test and Inspection has been completed with: The **Quarterly Physical Connection Test and Maintenance Report** forms **BSDW-QPCTMR**, for each test of each approved valve, the **Annual Physical Connection Fee Invoice** and **$200.00 Fee.**

(973) 340-4359
Fax (973) 340-3948

MARK ROMAIN

SUPERVISOR WATER

PASSAIC VALLEY WATER COMMISSION
1525 MAIN AVENUE
CLIFTON, NEW JERSEY 07011

Telephone N. J. 772-4200

PURCHASE ORDER

ALFRED HELLER HEAT TREATING CO.
HEAT TREATING SPECIALISTS
5 WELLINGTON STREET
P.O. BOX 330
CLIFTON, N.J. 07011

Purchase Order No. 12420

TO: CHM PLUMBING

SHIP TO: Same as above

DATE	DATE REQUESTED	TERMS	F.O.B.	SHIP VIA	DEPT.	FOR OUR USE ☐	FOR RESALE ☐
12/4/02	12/4/02				Plant.		

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	Backflow preventor inspection (2 pcs)		
	By acceptance of this purchase order, the supplier agrees that the material manufactured satisfies all current governmental and safety constraints on restricted, toxic and hazardous materials; as well as environmental electrical and electromagnetic considerations applicable to the country of manufacture and sale and proof is kept at supplier facility		

IMPORTANT
OUR ORDER NUMBER MUST APPEAR ON ALL CORRESPONDENCE, INVOICES AND PACKAGES. NOTIFY US IMMEDIATELY IF UNABLE TO SHIP ORDER COMPLETE BY DATE SPECIFIED.

Purchaser maintains the right to audit the supplier to assure the quality of the product being purchased.

BY _____

PASSAIC VALLEY WATER COMMISSION
2003 Water Quality Report

A USEPA regulation requires that all public water systems issue an annual Water Quality Report. The intent of this regulation is to inform consumers about the source and quality of their drinking water, and to assemble this information in an easy to read format. If you have any questions concerning the 2003 Water Quality Report, please call our Customer Service Department at (973) 340-4300.

Passaic Valley Water Commission (PVWC) is a major supplier of drinking water in Northern New Jersey. We treat and distribute drinking water that is ideally suited for residential and industrial use. Approximately 180 employees work at two sites and in mobile work crews to deliver top quality water to your home. Each day, approximately 750,000 people receive their water from PVWC. In order to serve them all, PVWC distributes approximately 83 million gallons of water per day.

PVWC's main facility is the Little Falls Water Treatment Plant located in Totowa, NJ. Water diverted from the Passaic and Pompton Rivers is treated, filtered and disinfected at the plant. Water from our Point View Reservoir in Wayne, NJ can also be used to supplement river sources. Treated water is then mixed at our main pumping station with treated water from the North Jersey District Water Supply Commission's Wanaque Reservoir treatment plant. Water is then pumped through underground pipes to the cities of Paterson, Clifton, Passaic, Prospect Park and Lodi. PVWC also supplies treated drinking water to certain large manufacturing companies, private water suppliers and 22 municipalities in Passaic, Bergen, Essex, Hudson and Morris Counties. Our on-site state certified laboratory monitors and tracks the quality of our source water, treated water and water throughout the distribution system.

Our organizational structure. Under PVWC's charter, the member cities of Clifton and Passaic each appoint two commissioners to the governing board, and the city of Paterson appoints three. Commissioners are appointed for four-year terms, and collectively oversee the administration of PVWC. Open public Commission meetings are held monthly. For dates, times and location of these meetings, call our main office at (973) 340-4300.

Joseph A. Bella, Executive Director of PVWC, James Duprey, P.E., Director of Engineering, and Laura Cummings, P.E., Superintendent, contribute many years of experience in drinking water treatment, water distribution and utility administration. PVWC's highly skilled Water Quality Group consists of individuals with qualifications and experience in the areas of engineering, watershed management, analytical chemistry, microbiology, treatment processes, and regulatory issues.

Since 1996, PVWC has been proud to participate in the Partnership for Safe Water, a national volunteer initiative that utilizes self-assessment and review by independent water experts as a tool to optimize water treatment practices.

PVWC staff also participates in studies funded by the American Water Works Association Research Foundation (AwwaRF). This participation allows us to maintain a position of leadership in the latest advances in water treatment technology.

PVWC building state-of-the-art treatment plant. For the past 100 years, our Little Falls Water Treatment Plant has served us faithfully, providing fresh, safe drinking water. Disinfection of our water was instituted in 1918, a response to scientific studies showing that undisinfected water may contain certain harmful bacteria. It is well documented that disinfection of drinking water was a major factor in eliminating cholera and typhoid epidemics that were common 100 years ago.

More recent scientific research shows that the disinfection process itself may produce potentially harmful side effects. Disinfection by-products can form as a result of a reaction between disinfectants and naturally occurring materials in surface water sources. In addition, scientists have found that certain disease-producing microorganisms are resistant to some disinfectants. The most common of these microorganisms is *Cryptosporidium*. If ingested, this microbe can cause discomfort to healthy people and serious illness in those who are very young, very old, or whose immune systems are compromised as the result of cancer treatment or disease.

Although *Cryptosporidium* has not been detected in PVWC finished water, we are aware of the potential for contamination from this and other pathogenic organisms. We are also working to reduce the levels of disinfection by-products produced by our current process. Furthermore, it is important that we remain in compliance with USEPA mandates. PVWC is nearing completion of construction of a state-of-the-art treatment plant that will continue to produce a product that meets or exceeds all USEPA drinking water requirements, including the reduction of disinfection by-product concentration and the elimination of disinfection-resistant microbes.

The new treatment plant will be located on the existing Little Falls Water Treatment Plant site and will utilize as much of the existing facility as possible. A team of specialists from Black & Veatch and Hatch Mott MacDonald, two of the foremost environmental consulting firms in the country, submitted the final design in the summer of 2001, and construction is well underway. One of our new processes is already on-line, and working well to further improve drinking water quality.

Capital improvements work for you. In addition to our current treatment plant upgrade, PVWC regularly undertakes capital improvement projects such as replacing outdated equipment, adding new water mains, and modernizing treatment control systems. These improvements allow us to keep pace with rapidly changing technology, maintain high water quality standards at low rates, and make sure we achieve federal, state and regional standards. Projects are financed by customer water charges, so PVWC makes certain that these improvements translate into superior service for you. Our focus is on QUALITY, RELIABILITY and RATES.

PVWC work crews are a common sight on local streets. Presently, our crews are working to replace valves in the system. New valves will help to prevent leaks and will allow better control over the distribution of water. Customer water meters are also being replaced with meters that can be read from the outside of your home or business. Once this is completed, you won't need to be present for our meter reader, and you will no longer receive estimated water bills. Expect to see vehicles displaying the PVWC logo in your area.

ALL VISITS TO AREA HOMES BY PVWC PERSONNEL ARE BY PREARRANGED APPOINTMENT. BE SURE TO ASK FOR IDENTIFICATION BEFORE ADMITTING ANYONE INTO YOUR HOME. ALL PVWC EMPLOYEES CARRY PHOTO IDENTIFICATION FOR EASY RECOGNITION.

Security. In light of the terrorist attacks of September 11, 2001, and in response to the State's Domestic Security Preparedness Act, PVWC has completed a vulnerability assessment, strengthened existing security measures, and reviewed operations to include a greater emphasis on security issues. We maintain close contact with local, state and federal authorities to coordinate security measures and to assist in the protection of the water supply.

Safe Drinking Water Act regulations allow monitoring waivers to reduce or eliminate the monitoring requirements for asbestos, volatile organic chemicals and synthetic organic chemicals (SOCs). Passaic Valley Water Commission (PVWC) received a monitoring waiver for SOCs, based on the fact that SOCs were not detected in source water monitoring. PVWC sampled for, but did not detect, asbestos in drinking water samples collected in 2002. PVWC exceeded federal regulatory requirements for trihalomethanes in drinking water during the first quarter of 2003. PVWC exceeded the state upper recommended limit for sodium (see details in table). Regulated substances not listed in the following tables were not detected in the treated water supply during the year 2003. The presence of the following analytes in the water does not necessarily indicate that the water poses a health risk.

SOME PEOPLE MAY BE MORE VULNERABLE TO CONTAMINANTS IN DRINKING WATER THAN THE GENERAL POPULATION. IMMUNO-COMPROMISED PERSONS SUCH AS PERSONS WITH CANCER UNDERGOING CHEMOTHERAPY, PERSONS WHO HAVE UNDERGONE ORGAN TRANSPLANTS, PEOPLE WITH HIV/AIDS OR OTHER IMMUNE SYSTEM DISORDERS, SOME ELDERLY, AND INFANTS CAN BE PARTICULARLY AT RISK FROM INFECTIONS. THESE PEOPLE SHOULD SEEK ADVICE ABOUT DRINKING WATER FROM THEIR HEALTH CARE PROVIDERS. EPA/CDC GUIDELINES ON APPROPRIATE MEANS TO LESSEN THE RISK OF INFECTION BY *CRYPTOSPORIDIUM* AND OTHER MICROBIAL CONTAMINANTS ARE AVAILABLE FROM THE SAFE DRINKING WATER HOTLINE (1-800-426-4791).

Detected Regulated Contaminants	MCLG	MCL	Highest Result PVWC	Highest Result NJDWSC	Highest Result *Newark	Range	Typical Source	Comments
Turbidity	0	TT (1 NTU)	0.33 NTU	0.31 NTU	0.35 NTU	NA	Soil runoff	Turbidity is a measure of the cloudiness of water. Turbidity is monitored because it is a good indicator of the effectiveness of a filtration system.
		TT (percentage of samples <0.3 NTU)	99.2%	95%	95%	NA		
Total Coliform Bacteria (% positive samples) CLIFTON, PASSAIC, PATERSON AND PROSPECT PARK:	0	Presence of coliform bacteria in ≥5% of monthly samples	0.91%	NA	NA	NA	Naturally present in the environment	Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially harmful, bacteria may be present.
LODI:			4.76%	NA	NA	NA		
Antimony	6 ppb	6 ppb	ND	3.2 ppb	ND	ND – 3.2 ppb	Discharge from petroleum refineries; fire retardants; ceramics; electronics; solder	
Barium	2 ppm	2 ppm	0.020 ppm	0.008 ppm	0.0007 ppm	0.0007 – 0.020 ppm	Erosion of natural deposits	
Chromium	100 ppb	100 ppb	ND	ND	0.7 ppb	ND – 0.7 ppb	Erosion of natural deposits	
Fluoride	4 ppm	4 ppm	ND	0.111 ppm	0.041 ppm	ND – 0.111 ppm	Erosion of natural deposits	Fluoride is not added to your drinking water.
Haloacetic Acids (HAA5)	NA	60 ppb	45.3 ppb (highest running avg.)	NA	NA	14.5– 46.6 ppb	By-product of drinking water disinfection	HAA compliance is based on running annual average.
Mercury	2 ppb	2 ppb	ND	0.35 ppb	ND	ND – 0.35 ppb	Erosion of natural deposits; discharge from refineries & factories; runoff from landfills; runoff from cropland	
Nitrate	10 ppm	10 ppm	1 – 4 ppm (Highest running avg. = 2 ppm)	0.26 ppm	0.104 ppm	0.104 – 4 ppm	Runoff from fertilizer use; Leaching from septic tanks, sewage; Erosion of natural deposits	
CLIFTON, PASSAIC, PATERSON AND PROSPECT PARK: Copper	1.3 ppm	AL = 1.3 ppm	NA	NA	NA	90th percentile result = 0.071ppm 0 of 103 samples exceeded the action level for copper. (September 2003)	Corrosion of household plumbing systems WATER SUPPLIED BY PVWC TO HOMES AND BUSINESSES IN CLIFTON, PASSAIC, PATERSON, PROSPECT PARK AND LODI DOES NOT CONTAIN ANY DETECTABLE LEAD.	Lead and copper compliance is based on the 90th percentile result. **INFANTS AND YOUNG CHILDREN ARE TYPICALLY MORE VULNERABLE TO LEAD IN DRINKING WATER THAN THE GENERAL POPULATION. INFANTS AND CHILDREN WHO DRINK WATER CONTAINING LEAD IN EXCESS OF THE ACTION LEVEL COULD EXPERIENCE DELAYS IN THEIR PHYSICAL OR MENTAL DEVELOPMENT. CHILDREN COULD SHOW SLIGHT DEFICITS IN ATTENTION SPAN AND LEARNING ABILITIES. ADULTS WHO DRINK WATER OVER MANY YEARS THAT CONTAINS AN UNACCEPTABLE LEVEL OF LEAD COULD DEVELOP KIDNEY PROBLEMS OR HIGH BLOOD PRESSURE.** **IT IS POSSIBLE THAT LEAD LEVELS AT YOUR HOME MAY BE HIGHER THAN AT OTHER HOMES IN YOUR COMMUNITY AS A RESULT OF MATERIALS USED IN YOUR HOME'S PLUMBING. IF YOU ARE CONCERNED ABOUT ELEVATED LEAD LEVELS IN YOUR HOME'S WATER, YOU MAY WISH TO HAVE YOUR WATER TESTED AND FLUSH YOUR TAP FOR 30 SECONDS TO 2 MINUTES BEFORE USING TAP WATER. ADDITIONAL INFORMATION IS AVAILABLE FROM THE SAFE DRINKING WATER HOTLINE (800) 426-4791.**
Lead	0	AL = 15 ppb	NA	NA	NA	**90th percentile result = 10 ppb. 8 of 103 samples exceeded the action level for lead. (September 2003)**		
LODI: Copper	1.3 ppm	AL = 1.3 ppm	NA	NA	NA	90th percentile result = 0.063 ppm 0 of 32 samples exceeded the action level for copper.		
Lead	0	AL = 15 ppb	NA	NA	NA	90th percentile result = 3 ppb 2 of 32 samples exceeded the action level for lead		
Methyl tertiary butyl ether (MTBE)	70 ppb	70 ppb	0.55 ppb	ND	ND	ND – 0.55 ppb	Leaking underground gasoline & fuel oil tanks; gasoline & fuel oil spills	
Total Trihalomethanes (TTHM)	NA	80 ppb	100 ppb (highest running avg.)	NA	NA	26.7 – 68.4 ppb	By-product of drinking water disinfection	TTHM compliance is based on running annual average. **Passaic Valley Water Commission exceeded the MCL for TTHMs for the 1st quarter of 2003. Some people who drink water containing trihalomethanes in excess of the MCL over many years may have problems with their liver, kidneys, or central nervous systems, and may have an increased risk of getting cancer.**

Regulated disinfectants	MRDL	MRDLG	Highest Result PVWC	Highest Result NJDWSC	Highest Result *Newark	Range	Likely source	Comments
Chlorine	4.0 ppm as Cl_2	4 ppm	0.99 ppm (running avg.)	NA	NA	0.74 – 1.00 ppm	Chlorine is used as a drinking water disinfectant	

Detected Secondary analytes	MCLG	RUL	Highest Result PVWC	Highest Result NJDWSC	Highest Result *Newark	Range	Likely source	Comments
Sulfate	NA	250 ppm	26.1 ppm	12.1 ppm	12 ppm	12 – 26.1 ppm	Naturally present in the environment	Regulated for reason of aesthetic quality only.
Sodium	NA	50 ppm	57 ppm	<50 ppm	16 ppm	NA	Natural mineral, road salt	Passaic Valley Water Commission exceeded the NJ Recommended Upper Limit for sodium. Sodium is present in our source water at seasonally variable levels and cannot be removed by the water treatment process. For healthy individuals, sodium intake from water is not important, because a much greater intake of sodium results from salt in the diet. However, sodium levels above 50 ppm may be of concern to individuals on a sodium restricted diet.

Radiological: Gross alpha-particle activity was not detected in a PVWC water sample submitted for radiological analysis in June 2001.

*PVWC maintains emergency interconnections with the Newark Water System and other water suppliers in order to avoid potential interruption of service to our customers. Parts of Clifton and Passaic received water from the Newark Supply for periods during 2003, to supplement PVWC's regular supplies during Water Treatment Plant construction.

UNREGULATED CONTAMINANTS

Detected Unregulated Contaminants	MCLG	MCL	Highest Result PVWC	Highest Result NJDWSC	Range	Description
Chloroform	NA	NA	48.5 ppb	NA	19.2 – 48.5 ppb	By-products of drinking water chlorination. These three compounds are trihalomethanes and are regulated, along with Bromoform, as Total Trihalomethanes (see main table).
Bromodichloromethane	NA	NA	15.0 ppb	NA	6.21 – 15.0 ppb	
Chlorodibromomethane	NA	NA	6.10 ppb	NA	1.03 – 6.10 ppb	

ADDITIONAL UNREGULATED CONTAMINANTS - Testing for these substances was conducted in 1997-98 as part of the USEPA Information Collection Rule, the most extensive data collection effort ever undertaken by water utilities.

Contaminant	PVWC Average Level Detected	PVWC Range Detected	NJDWSC Average Level Detected	NJDWSC Range Detected	Likely Source
Trihalomethanes (TTHM 4)	61.8 ppb	41.0 – 77.2 ppb	39 ppb	29 – 48 ppb	By-product of drinking water disinfection
Total Haloacetic Acids (THAA)	51.2 ppb	36.9 – 67.7 ppb	29 ppb	23 – 36 ppb	By-product of drinking water disinfection
Total Haloacetic Nitriles (THAN)	6.2 ppb	3.8 - 8.3 ppb	3 ppb	2 - 4 ppb	By-product of drinking water disinfection
Chloropicrin	1.1 ppb	ND - 1.8 ppb			By-product of drinking water disinfection
Chloral Hydrate	8.8 ppb	4.1 – 12 ppb	7 ppb	ND - 8 ppb	By-product of drinking water disinfection
Total Haloketones	5.2 ppb	4.2 - 6.2 ppb	2 ppb	1 - 4 ppb	By-product of drinking water disinfection
Total Organic Halides	388 ppb	240 – 450 ppb	196 ppb	167 – 226 ppb	By-product of drinking water disinfection
Disinfectant (free chlorine) Residual	1.2 ppm	0.6 - 1.8 ppm	NA	NA	Added during treatment process to protect against microbial contamination

DEFINITIONS:
AL = Action level; the concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.
MCL = Maximum Contaminant Level; the highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLG as feasible using the best available treatment technology.
MCLG = Maximum Contaminant Level Goal; the level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.
MRDL = Maximum Residual Disinfectant Level; the highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.
MRDLG = Maximum Residual Disinfectant Level Goal; the level of a drinking water disinfectant below which there is no known or expected risk to health. (MRDLG's do not reflect the benefits of the use of disinfectants to control microbial contamination.)
NA = Not applicable
ND = Not detected
NTU = Nephelometric Turbidity Unit
pCi/L = picocuries per liter (a measure of radioactivity)
ppb = parts per billion
ppm = parts per million
RUL= Recommended Upper Limit; the highest level of a constituent of drinking water that is recommended in order to protect aesthetic quality.
TT = Treatment Technique; a required process intended to reduce the level of a contaminant in drinking water.

Special Considerations Regarding Children, Pregnant Women, Nursing Mothers, and Others:
Children may receive a slightly higher amount of a contaminant present in the water than do adults, on a body weight basis, because they may drink a greater amount of water per pound of body weight than do adults. For this reason, reproductive or developmental effects are used for calculating a drinking water standard if these effects occur at lower levels than other health effects of concern. If there is insufficient toxicity information for a chemical (for example, lack of data on reproductive or developmental effects), an extra uncertainty factor may be incorporated into the calculation of the drinking water standard, thus making the standard more stringent, to account for additional uncertainties regarding these effects. In the cases of lead and nitrate, effects on infants and children are the health endpoints upon which the standards are based

The New Jersey Department of Environmental Protection (NJDEP) is preparing Source Water Assessment Reports and Summaries for all public water systems, which are expected to be complete in 2004. Further information on the Source Water Assessment Program can be obtained by logging onto NJDEP's source water assessment web site at www.state.nj.us/dep/swap or by contacting NJDEP's Bureau of Safe Drinking Water at (609) 292-5550.

Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the EPA's Safe Drinking Water Hotline (1-800-426-4791).

The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activity.
Contaminants that may be present in source water include:

- Microbial contaminants, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.
- Inorganic contaminants, such as salts and metals which can be naturally-occurring or result from urban stormwater runoff, industrial or domestic wastewater discharges, oil and gas production, mining, or farming.
- Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban stormwater runoff, and residential uses.
- Organic chemical contaminants, including synthetic and volatile organic chemicals, which are byproducts of industrial processes and petroleum production, and can also come from gas stations, urban stormwater runoff, and septic systems.
- Radioactive contaminants, which can be naturally occurring or be the result of oil and gas production and mining activities.

In order to ensure that tap water is safe to drink, EPA prescribes regulations which limit the amount of certain contaminants in water provided by public water systems. Food and Drug Administration regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

Call PVWC: If you have any questions, whether they relate to water pressure, water quality, a construction project, or billing, please call 973-340-4300. The Customer Service Department is available Monday through Friday, 8:30 AM to 4:30 PM.

Emergencies
24 hours a day
7 days a week
Call 973-340-4300

Additional sources of information:
Visit us at www.pvwc.com

Teachers - For information on various water-related topics, free instructional materials, and directions to related water links, visit www.njawwa.org/kidsweb

USEPA drinking water web site:
www.epa.gov/safewater

USEPA Safe Drinking Water Hotline:
1-800-426-4791

New Jersey Department of Environmental Protection, Bureau of Safe Drinking Water:
1-609-292-5550

Passaic Valley Water Commission
1525 Main Avenue • P.O. Box 230
Clifton, NJ 07011

STANDARD
US POSTAGE PAID
CLIFTON, NJ
PERMIT NO. 50

This report contains information about your drinking water. If you do not understand it, please have someone translate it for you.

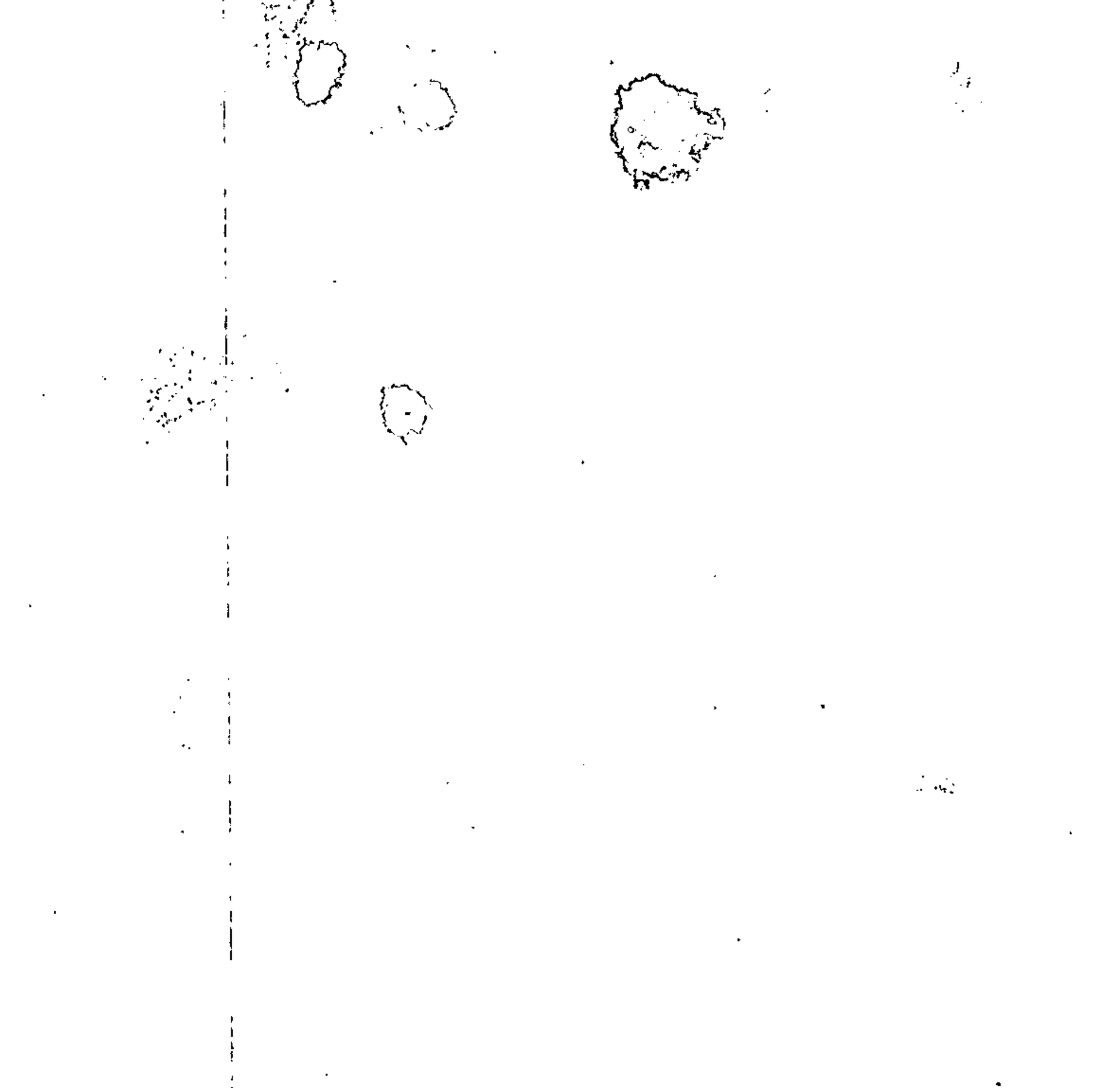
Este informe contiene informacion muy importante sobre su agua beber. Traduzcalo o hable con alguien que lo entienda bien.

આ અહેવાલ માં તમારા પીવાના પાણી વિષે અગત્ય ની જાણકારી આપવા માં આવી છે. એનો અનુવાદ કરો અથવા જેને સમજવા પડતી હોય તેની સાથે વાત કરો

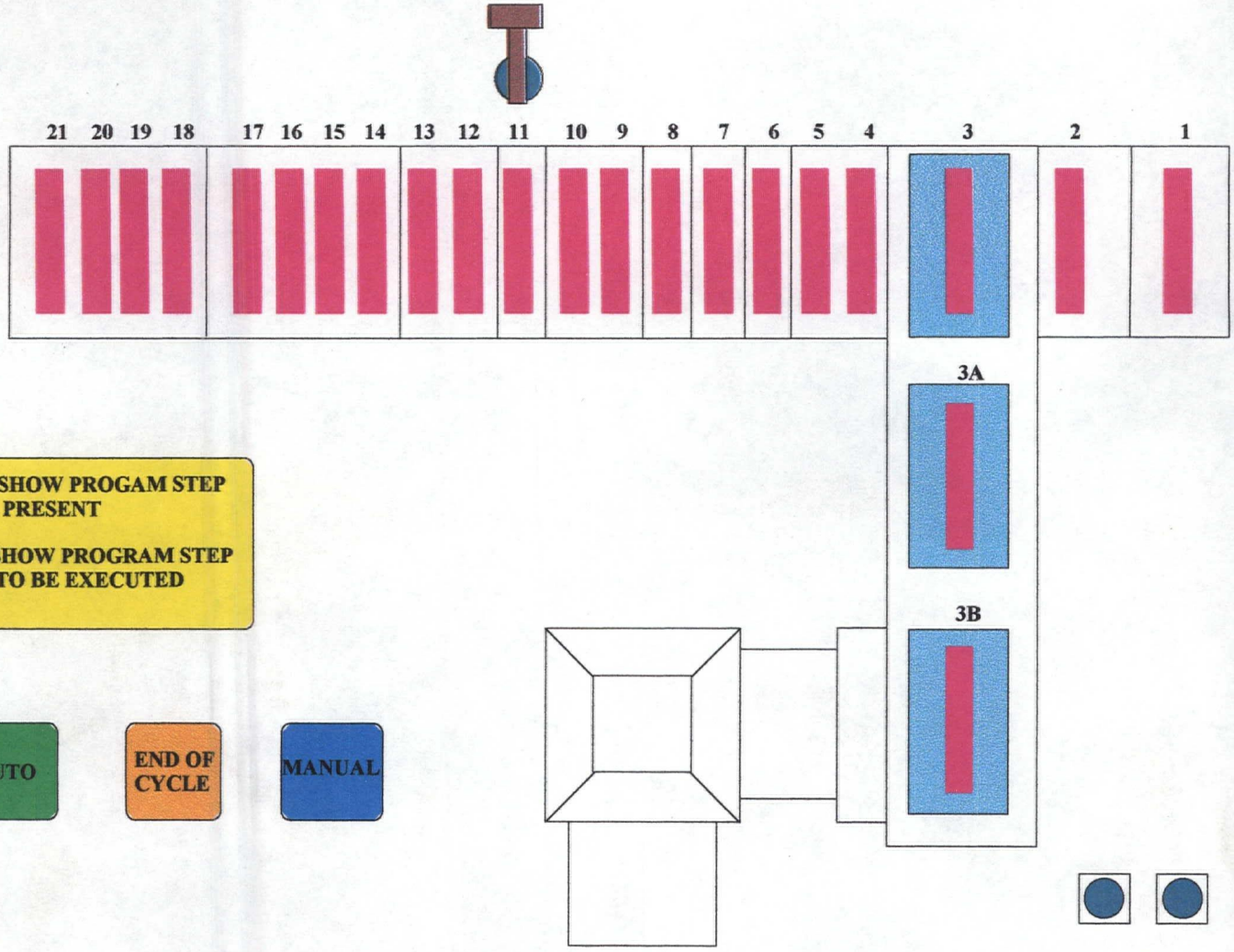
للعلومات فى هذا التقرير تحتوى علي
معلومات مهمة عن مياة الشرب التىْ
تشربها. من فضلك اذا لم تفهم هذة
للعلومات اطلب من يترجمها لك.

POSTAL CUSTOMER
ECRWS

TUCKERMAX.COM



AUTOMATIC OPERATION LINE DISPLAY



MAIN MENU

OPERATOR LOG IN

CHANGE RECIPE

ANSWER ALARMS

LOG IN/OUT ORDER

LOG IN CHEMICALS

LOG IN DOWN TIME

CHANGE TIMERS

SHOW PROGAM STEP PRESENT

SHOW PROGRAM STEP TO BE EXECUTED

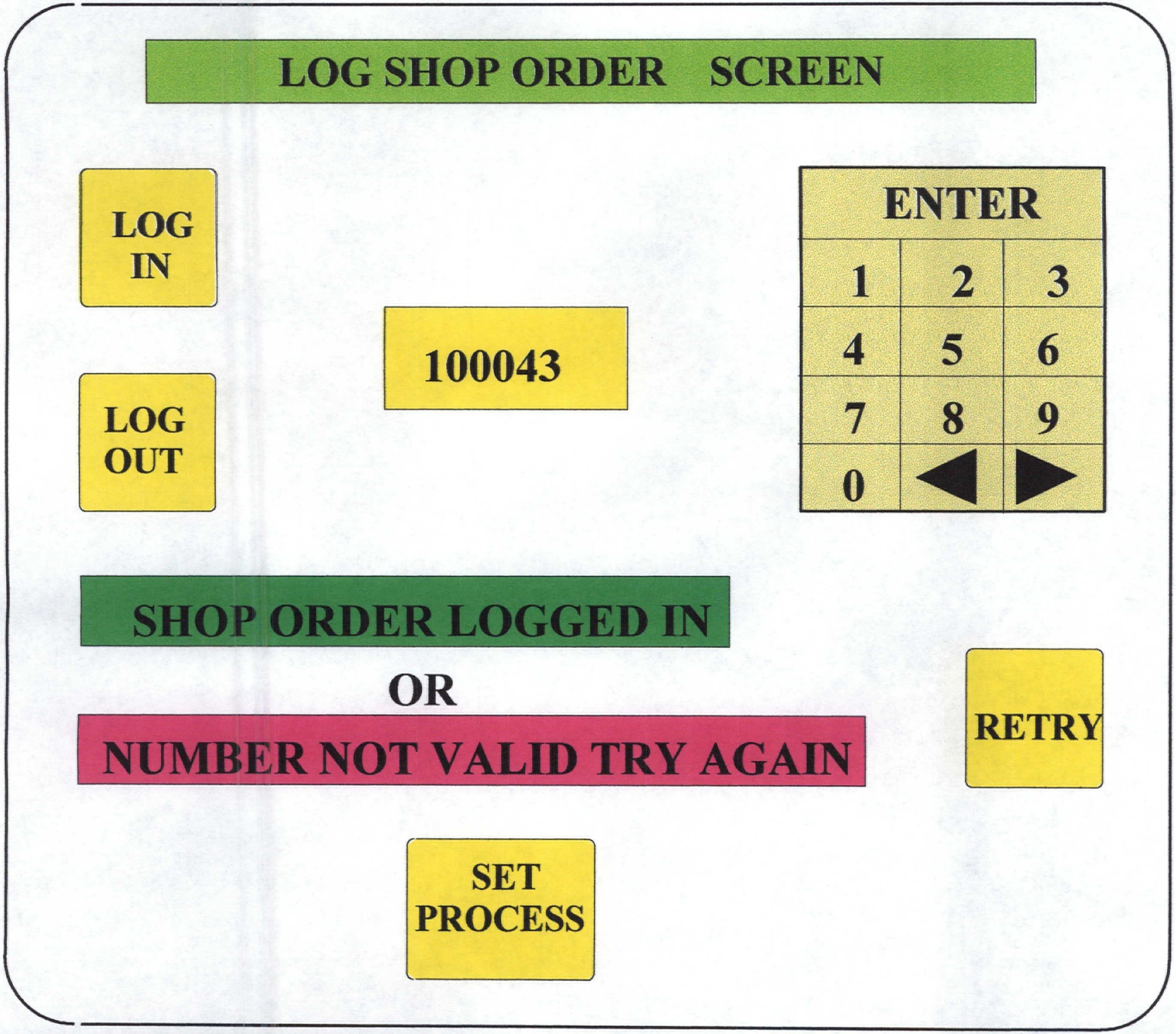
AUTO

END OF CYCLE

MANUAL

RECIPIE BEING RUN

SHOP ORDER BEING RUN


LOG SHOP ORDER SCREEN
LOG IN
LOG OUT
100043
ENTER
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SHOP ORDER LOGGED IN
OR
NUMBER NOT VALID TRY AGAIN
RETRY
SET PROCESS

OPERATOR LOG IN/OUT SCREEN

LOG IN

LOG OUT

5194

ENTER		
1	2	3
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OPERATOR LOGGED IN

OR

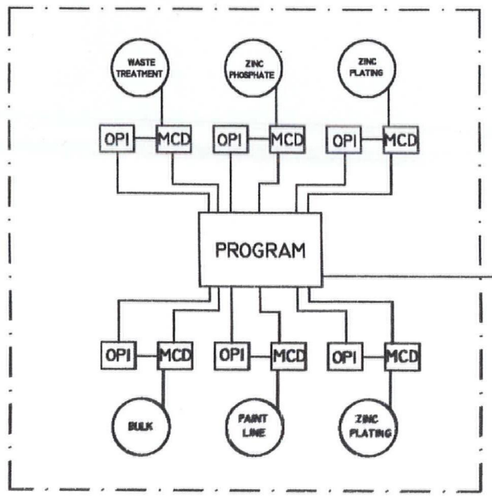
NUMBER NOT VALID TRY AGAIN

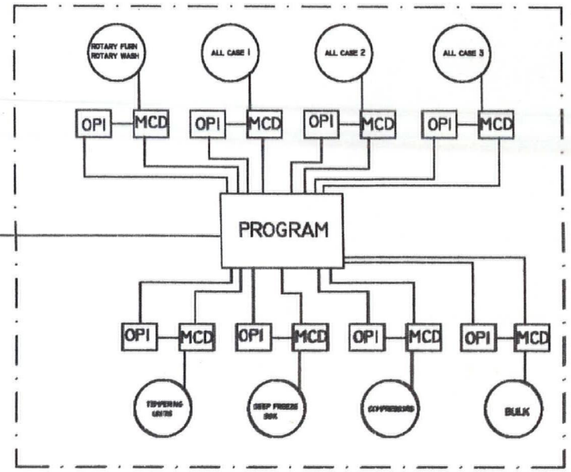
RETRY

BOGDAN MARINESCU, ALFRED HELLER, HEAT TREATING CO. 1/29/99 2:27 PM

REVISIONS				
ZONE	REV	DESCRIPTION	DATE	APPROVED

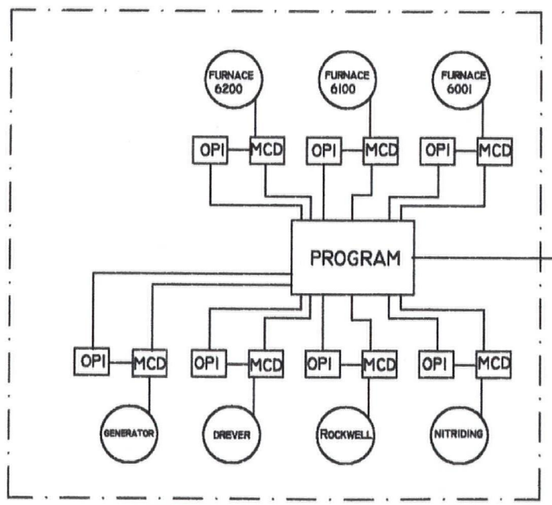
BUILDING 5





BUILDING 1

HOST



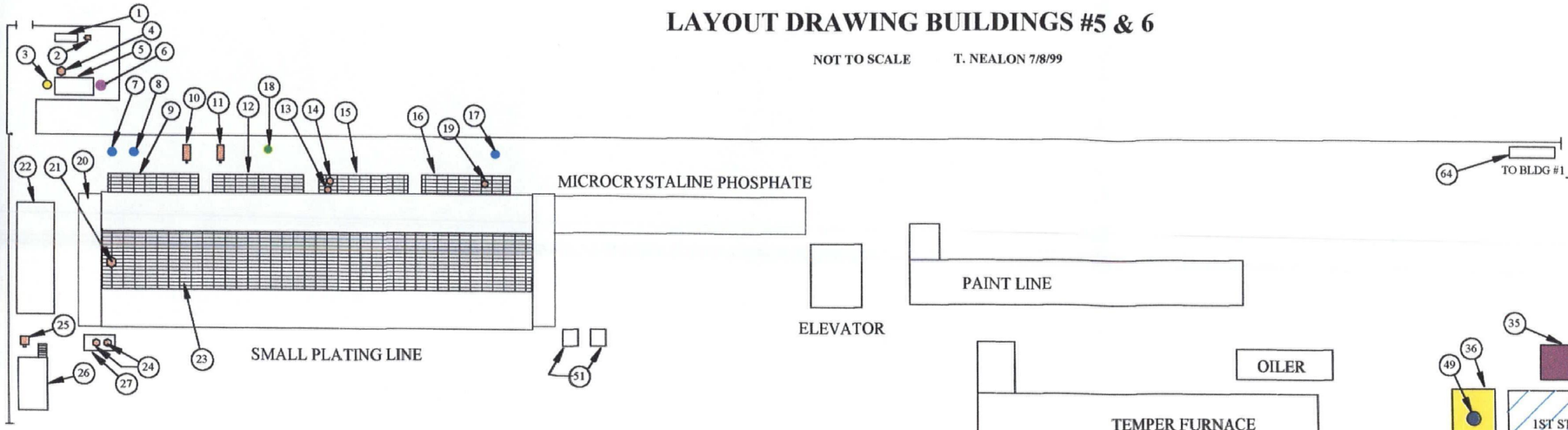
BUILDING 2,3 & 4

PC-PLC PLANT LAYOUT

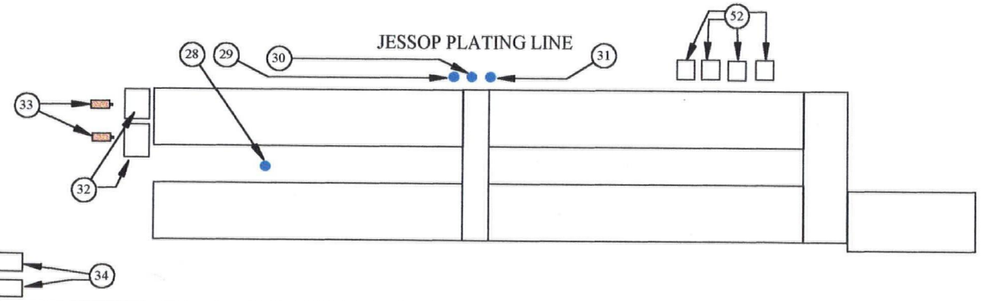
SIZE	FSCM NO.	DWG NO. 02011999	REV
SCALE :NO SCALE			SHEET

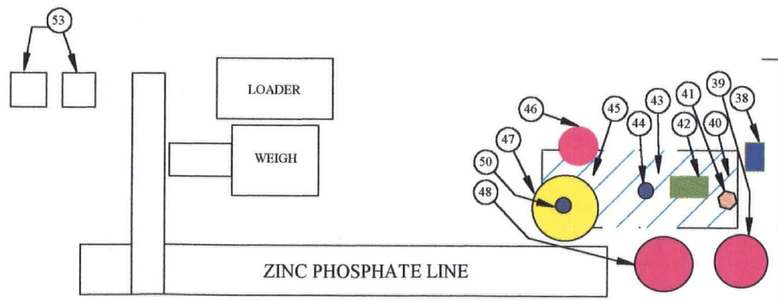
LAYOUT DRAWING BUILDINGS #5 & 6

NOT TO SCALE T. NEALON 7/8/99

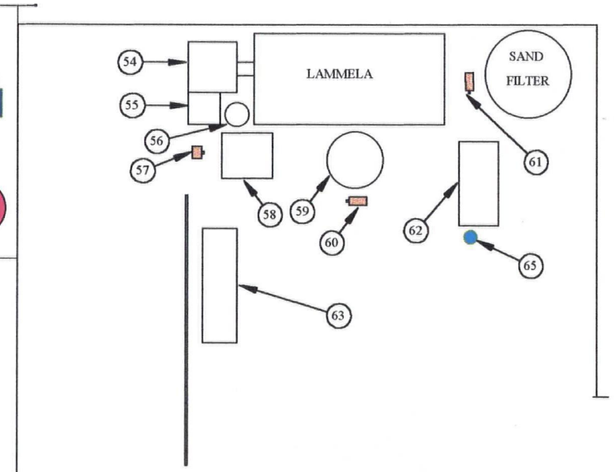


BUILDING #5





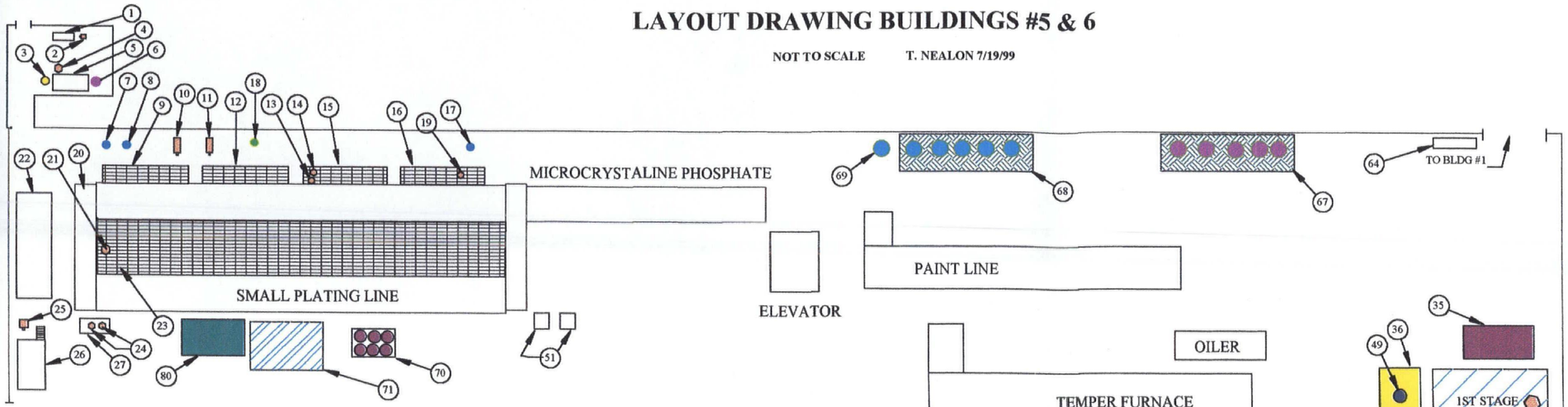
1. SMALL ZINC FILTER PRESS
2. AIR PUMP FOR SMALL FILTER PRESS
3. CAUSTIC SODA TANK
4. ZINC SLUDGE HOLDING TANK OVERFLOW SUMP PUMP
5. ZINC SLUDGE HOLDING TANK
6. ZINC REACTION VESSEL
7. GRAVITY DRAIN TO 1ST STAGE Ph
8. GRAVITY DRAIN TO 1ST STAGE Ph
9. ACID AND CLEANER RINSE WATER SUMP
10. TRANSFER PUMP ACID AND CLEANER RINSE SUMP
11. PUMP FOR CHROMATE RINSE WATER SUMP
12. CHROMATE RINSE WATER SUMP
13. SUMP PUMP FOR OVERFLOW PROTECTION
14. SUMP PUMP PUMPING TO WET SHUTTLE TANK
15. ZINC PLATING RINSE WATER SUMP
16. PHOSPHATE RINSE WATER SUMP
17. GRAVITY DRAIN TO 1ST STAGE Ph
18. SODIUM METABISULFITE TANK TO TREAT YELLOW CHROMATE SUMP
19. SUMP PUMP
20. WET SHUTTLE TANK
21. SUMP PUMP SMALL PLATING LINE SUMP
22. ZINC PLATING SOLUTION HOLDING TANK
23. SMALL PLATING LINE SUMP
24. SUMP PUMPS TO TRANSFER WATER TO ZINC TREATMENT
25. AIR PUMP FOR JWI PRESS
26. JWI ZINC PRESS
27. COLLECTION TANK
28. GRAVITY DRAIN TO SMALL LINE SUMP
29. GRAVITY DRAIN TO ACID AND CLRANER RINSE WATER SUMP
30. GRAVITY DRAIN TO CHROMATE RINSE WATER SUMP
31. GRAVITY DRAIN TO ZINC PLATING RINSE WATER SUMP
32. COOLING WATER TANKS
33. COOLING WATER PUMPS
34. ZINC PLATING SOLUTION FILTERS
35. OIL SEPARATOR FOR BUILDING #1
36. CAUSTIC FOR 1ST STAGE Ph
37. SUMP PUMP TRANSFERS WATER TO 2ND STAGE Ph
38. FINAL Ph TANK
39. WASTE CLEANER HOLDING TANK
40. SURGE AND SUMP PIT
41. SUMP PUMP TRANSFERS WATER TO THE FLOCCULATOR
42. WASTE TREATMENT CONTROL PANEL
43. 3RD STAGE Ph TANK
44. MIXER 2ND STAGE Ph
45. 2ND STAGE Ph TANK
46. WASTE YELLOW CHROMATE TANK FOR TREATMENT
47. CAUSTIC TANK FOR 2ND AND 3RD STAGE Ph
48. WASTE ACID HOLDING TANK
49. MIXER
50. MIXER
51. SPIN DRYERS
52. SPIN DRYERS
53. SPIN DRYERS
54. FLOCCULATOR TANK
55. FLASH MIX TANK
56. POLYMER TANK
57. AIR PUMP FOR JWI SLUDGE PRESS
58. SLUDGE HOLDING TANK
59. SLUDGE THICKENING TANK
60. PUMP TRANFERS TO THE SLUDGE HOLDING TANK
61. EFFLUENT PUMP
62. EFFLUENT SURGE TANK
63. JWI SLUDGE PRESS
64. AIR COMPRESSOR
65. DEFOAMER TANK



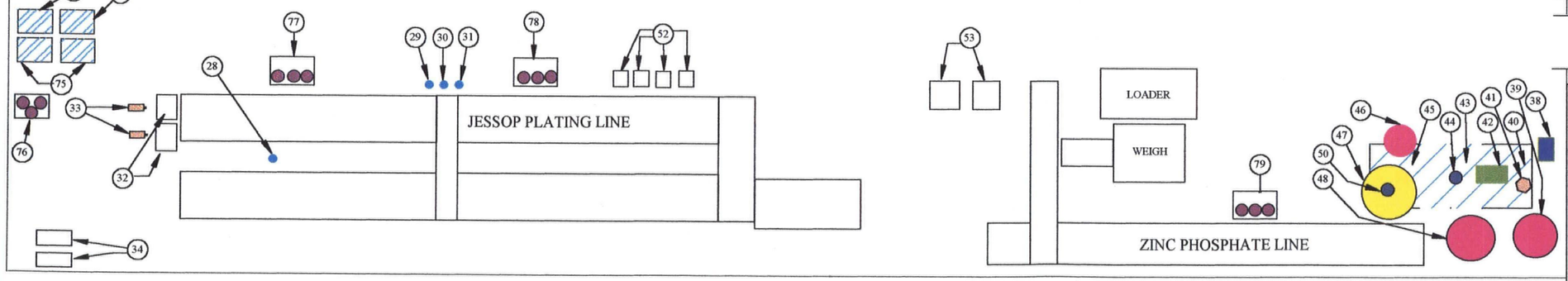
BUILDING #6

LAYOUT DRAWING BUILDINGS #5 & 6

NOT TO SCALE T. NEALON 7/19/99



BUILDING #5



1. SMALL ZINC FILTER PRESS
2. AIR PUMP FOR SMALL FILTER PRESS
3. CAUSTIC SODA TANK
4. ZINC SLUDGE HOLDING TANK OVERFLOW SUMP PUMP
5. ZINC SLUDGE HOLDING TANK
6. ZINC REACTION VESSEL
7. GRAVITY DRAIN TO 1ST STAGE Ph
8. GRAVITY DRAIN TO 1ST STAGE Ph
9. ACID AND CLEANER RINSE WATER SUMP
10. TRANSFER PUMP ACID AND CLEANER RINSE SUMP
11. PUMP FOR CHROMATE RINSE WATER SUMP
12. CHROMATE RINSE WATER SUMP
13. SUMP PUMP FOR OVERFLOW PROTECTION
14. SUMP PUMP PUMPING TO WET SHUTTLE TANK
15. ZINC PLATING RINSE WATER SUMP
16. PHOSPHATE RINSE WATER SUMP
17. GRAVITY DRAIN TO 1ST STAGE Ph
18. SODIUM METABISULFITE TANK TO TREAT YELLOW CHROMATE SUMP
19. SUMP PUMP
20. WET SHUTTLE TANK
21. SUMP PUMP SMALL PLATING LINE SUMP
22. ZINC PLATING SOLUTION HOLDING TANK
23. SMALL PLATING LINE SUMP
24. SUMP PUMPS TO TRANSFER WATER TO ZINC TREATMENT
25. AIR PUMP FOR JWI PRESS
26. JWI ZINC PRESS
27. COLLECTION TANK
28. GRAVITY DRAIN TO SMALL LINE SUMP
29. GRAVITY DRAIN TO ACID AND CLRANER RINSE WATER SUMP
30. GRAVITY DRAIN TO CHROMATE RINSE WATER SUMP
31. GRAVITY DRAIN TO ZINC PLATING RINSE WATER SUMP
32. COOLING WATER TANKS
33. COOLING WATER PUMPS
34. ZINC PLATING SOLUTION FILTERS
35. OIL SEPARATOR FOR BUILDING #1
36. CAUSTIC FOR 1ST STAGE Ph
37. SUMP PUMP TRANSFERS WATER TO 2ND STAGE Ph
38. FINAL Ph TANK
39. WASTE CLEANER HOLDING TANK
40. SURGE AND SUMP PIT
41. SUMP PUMP TRANSFERS WATER TO THE FLOCCULATOR
42. WASTE TREATMENT CONTROL PANEL
43. 3RD STAGE Ph TANK
44. MIXER 2ND STAGE Ph
45. 2ND STAGE Ph TANK
46. WASTE YELLOW CHROMATE TANK FOR TREATMENT
47. CAUSTIC TANK FOR 2ND AND 3RD STAGE Ph
48. WASTE ACID HOLDING TANK
49. MIXER
50. MIXER
51. SPIN DRYERS
52. SPIN DRYERS
53. SPIN DRYERS
54. FLOCCULATOR TANK
55. FLASH MIX TANK
56. POLYMER TANK
57. AIR PUMP FOR JWI SLUDGE PRESS
58. SLUDGE HOLDING TANK
59. SLUDGE THICKENING TANK
60. PUMP TRANFERS TO THE SLUDGE HOLDING TANK
61. EFFLUENT PUMP
62. EFFLUENT SURGE TANK
63. JWI SLUDGE PRESS
64. AIR COMPRESSOR
65. DEFOAMER TANK
66. MIXER FLOCCULATOR
67. STORAGE PREMIXED PAINT POTS
68. OPEN 55 GALLON DRUMS OF PAINT
69. OPEN 55 GALLON DRUM DENATURED ALCOHOL
70. STORAGE OF UNOPENED DRUMS OF CLEANER
71. STORAGE AREA ZINC ANODE BALLS
72. STORAGE 55 GALLON DRUMS CAUSTIC SODA
73. STORAGE BAGED SODIUM METABISULFITE
74. STORAGE BAGED BORIC ACID
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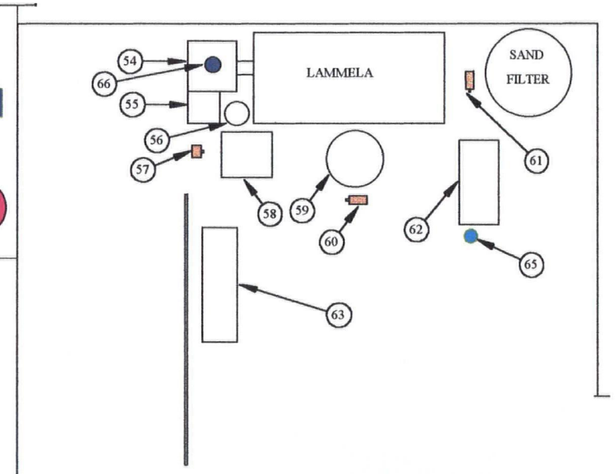
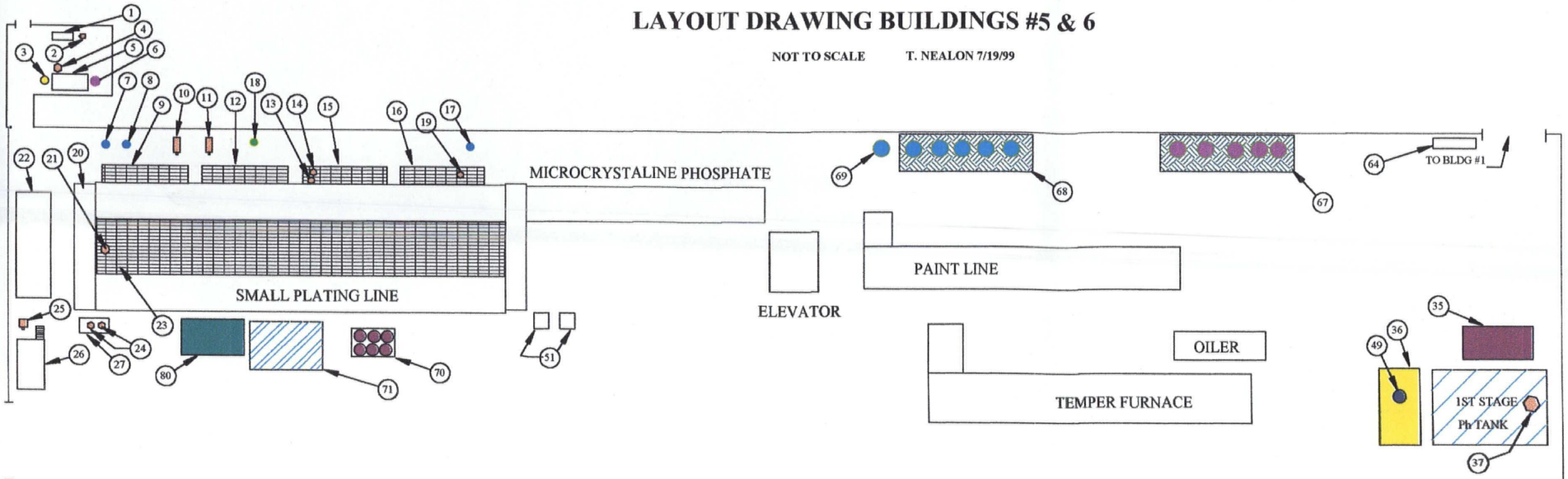
76. STORAGE DRUMS ZINC CHLORIDE
77. STORAGE OPEN DRUMS ZINC BIRGHTENERS
78. STORAGE OPEN DRUMS CHROMATES AND ACIDS
79. STORAGE OPEN DRUMS PHOSPHATE CHEMICALS
80. STORAGE TANK ZINC COBALT PLATING SOLUTION



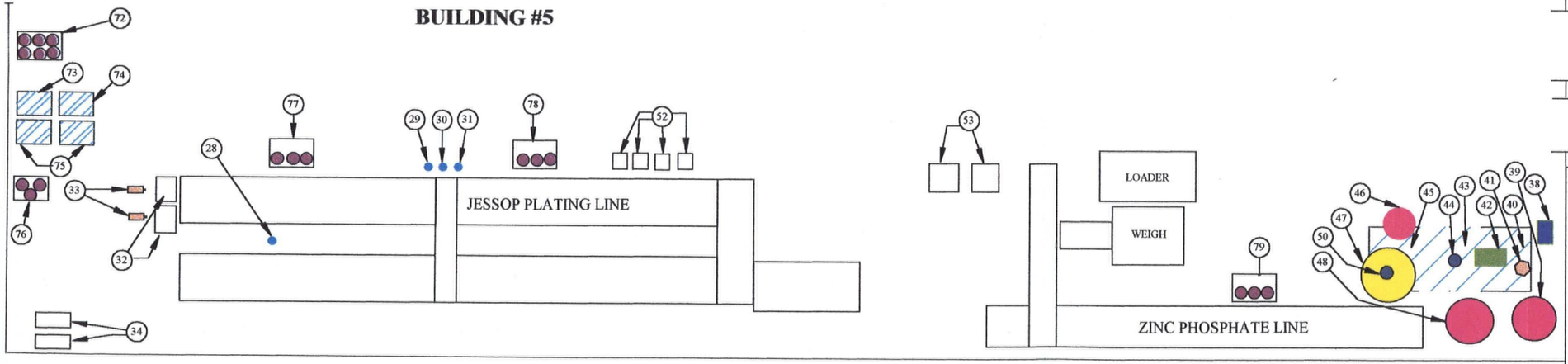
BUILDING #6

LAYOUT DRAWING BUILDINGS #5 & 6

NOT TO SCALE T. NEALON 7/19/99



BUILDING #5



1. SMALL ZINC FILTER PRESS
2. AIR PUMP FOR SMALL FILTER PRESS
3. CAUSTIC SODA TANK
4. ZINC SLUDGE HOLDING TANK OVERFLOW SUMP PUMP
5. ZINC SLUDGE HOLDING TANK
6. ZINC REACTION VESSEL
7. GRAVITY DRAIN TO 1ST STAGE Ph
8. GRAVITY DRAIN TO 1ST STAGE Ph
9. ACID AND CLEANER RINSE WATER SUMP
10. TRANSFER PUMP ACID AND CLEANER RINSE SUMP
11. PUMP FOR CHROMATE RINSE WATER SUMP
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13. SUMP PUMP FOR OVERFLOW PROTECTION
14. SUMP PUMP PUMPING TO WET SHUTTLE TANK
15. ZINC PLATING RINSE WATER SUMP
16. PHOSPHATE RINSE WATER SUMP
17. GRAVITY DRAIN TO 1ST STAGE Ph
18. SODIUM METABISULFITE TANK TO TREAT YELLOW CHROMATE SUMP
19. SUMP PUMP
20. WET SHUTTLE TANK
21. SUMP PUMP SMALL PLATING LINE SUMP
22. ZINC PLATING SOLUTION HOLDING TANK
23. SMALL PLATING LINE SUMP
24. SUMP PUMPS TO TRANSFER WATER TO ZINC TREATMENT
25. AIR PUMP FOR JWI PRESS
26. JWI ZINC PRESS
27. COLLECTION TANK
28. GRAVITY DRAIN TO SMALL LINE SUMP
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30. GRAVITY DRAIN TO CHROMATE RINSE WATER SUMP
31. GRAVITY DRAIN TO ZINC PLATING RINSE WATER SUMP
32. COOLING WATER TANKS
33. COOLING WATER PUMPS
34. ZINC PLATING SOLUTION FILTERS
35. OIL SEPARATOR FOR BUILDING #1
36. CAUSTIC FOR 1ST STAGE Ph
37. SUMP PUMP TRANSFERS WATER TO 2ND STAGE Ph
38. FINAL Ph TANK
39. WASTE CLEANER HOLDING TANK
40. SURGE AND SUMP PIT
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47. CAUSTIC TANK FOR 2ND AND 3RD STAGE Ph
48. WASTE ACID HOLDING TANK
49. MIXER
50. MIXER
51. SPIN DRYERS
52. SPIN DRYERS
53. SPIN DRYERS
54. FLOCCULATOR TANK
55. FLASH MIX TANK
56. POLYMER TANK
57. AIR PUMP FOR JWI SLUDGE PRESS
58. SLUDGE HOLDING TANK
59. SLUDGE THICKENING TANK
60. PUMP TRANFERS TO THE SLUDGE HOLDING TANK
61. EFFLUENT PUMP
62. EFFLUENT SURGE TANK
63. JWI SLUDGE PRESS
64. AIR COMPRESSOR
65. DEFOAMER TANK
66. MIXER FLOCCULATOR
67. STORAGE PREMIXED PAINT POTS
68. OPEN 55 GALLON DRUMS OF PAINT
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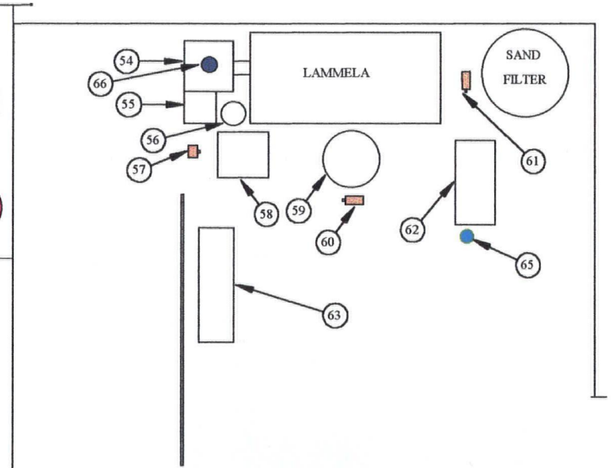
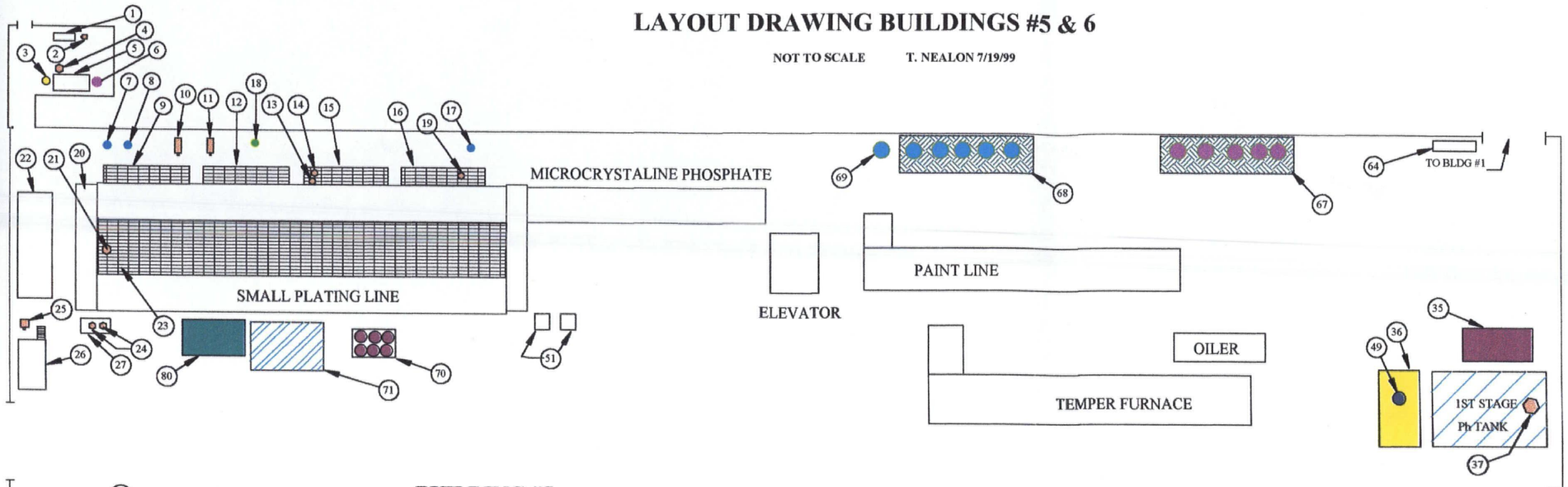
79. STORAGE OPEN DRUMS PHOSPHATE CHEMICALS
80. STORAGE TANK ZINC COBALT PLATING SOLUTION



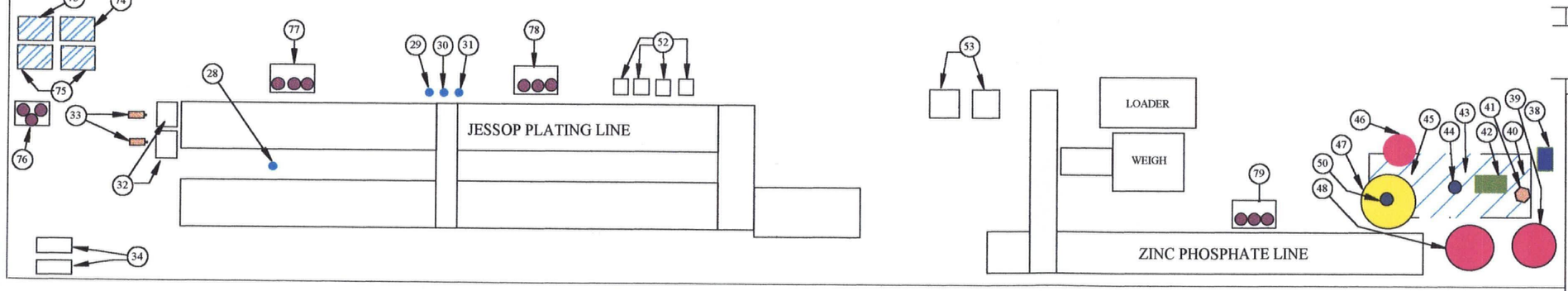
BUILDING #6

LAYOUT DRAWING BUILDINGS #5 & 6

NOT TO SCALE T. NEALON 7/19/99



BUILDING #5



1. SMALL ZINC FILTER PRESS
2. AIR PUMP FOR SMALL FILTER PRESS
3. CAUSTIC SODA TANK
4. ZINC SLUDGE HOLDING TANK OVERFLOW SUMP PUMP
5. ZINC SLUDGE HOLDING TANK
6. ZINC REACTION VESSEL
7. GRAVITY DRAIN TO 1ST STAGE Ph
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19. SUMP PUMP
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21. SUMP PUMP SMALL PLATING LINE SUMP
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34. ZINC PLATING SOLUTION FILTERS
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38. FINAL Ph TANK
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45. 2ND STAGE Ph TANK
46. WASTE YELLOW CHROMATE TANK FOR TREATMENT
47. CAUSTIC TANK FOR 2ND AND 3RD STAGE Ph
48. WASTE ACID HOLDING TANK
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53. SPIN DRYERS
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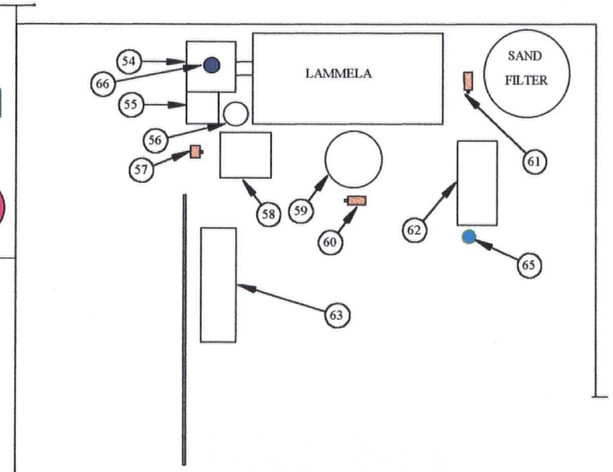
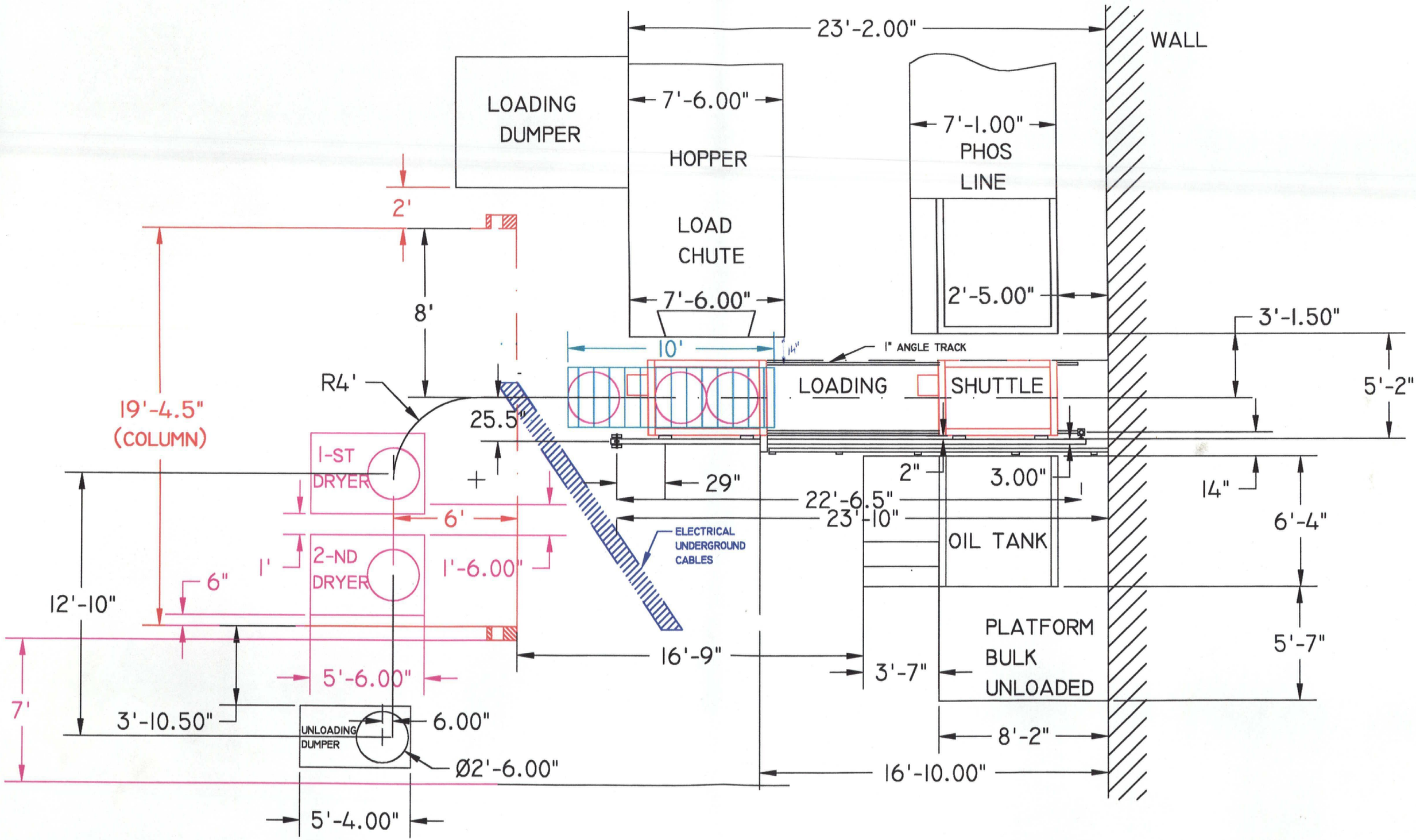


BUILDING #6


23'-2.00"
WALL
LOADING
DUMPER
7'-6.00"
HOPPER
LOAD
CHUTE
7'-6.00"
7'-1.00"
PHOS
LINE
2'-5.00"
2'
8'
19'-4.5"
(COLUMN)
R4'
10'
14"
1" ANGLE TRACK
LOADING
SHUTTLE
3'-1.50"
5'-2"
25.5"
1-ST
DRYER
6'
1'
2-ND
DRYER
1'-6.00"
6"
12'-10"
29"
22'-6.5"
23'-10"
2"
3.00"
14"
6'-4"
ELECTRICAL
UNDERGROUND
CABLES
OIL TANK
PLATFORM
BULK
UNLOADED
5'-7"
16'-9"
3'-7"
5'-6.00"
7'
3'-10.50"
UNLOADING
DUMPER
6.00"
Ø2'-6.00"
8'-2"
16'-10.00"
5'-4.00"

State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

JON S. CORZINE
Governor

Division of Water Supply - Water Supply Permitting Element
Bureau of Water Systems and Well Permitting
401 E. State Street - P.O. Box 426
Trenton, New Jersey 08625-0426
Tel #: (609) 984-6831 - Fax #: (609) 633-1495
http://www.state.nj.us/dep/watersupply/

LISA P. JACKSON
Commissioner

PERMIT* for 2007

The New Jersey Department of Environmental Protection grants this permit in accordance with your application, attachments accompanying same application and applicable law and regulations. This permit is also subject to further conditions and stipulations enumerated in the supporting documents which are agreed to by the permittee upon acceptance of the permit.

Permit No.	**Issuance Date**	**Effective Date**	**Expiration Date**
WPC070001	August 13th, 1971	April 1, 2007	March 31, 2008

Name and Address of Applicant	**Location of Activity/Facility**
Alfred Heller Heat Treating Company P.O. Box 330, 5 Wellington Street Clifton, New Jersey 07014	5 Wellington Street Clifton City, Passaic County

Physical Connection ID No.	**Type of Permit**	**Statute(s)**
0495	Renewed Physical Connection Permit	NJSA 58:11-9.1 et sec. & NJSA 58:12A-1 et seq.

This permit grants permission to: Maintain, own and operate a Physical Connection between an approved Public Community Water System and an Unapproved Water Supply at the above named location, in consideration of the Renewal Permit Application received April 3rd, 2007

Number, Type and Size of Backflow Preventer Valves Permitted:

Subject Item No.	No.	Size	Manuf.	Model No.	Serial No.	Type	Comments	
WSPC0000000075	1	2 inches	Watts	909	432159	Reduced Pressure Zone		
WSPC0000000075	2	2 inches	Watts	909-QT	38799	Reduced Pressure Zone		

Bypass and Detector Information: N/A

Owner of Approved Public Water System- **Passaic Valley Water Commission {PWSID No. NJ1605002}**

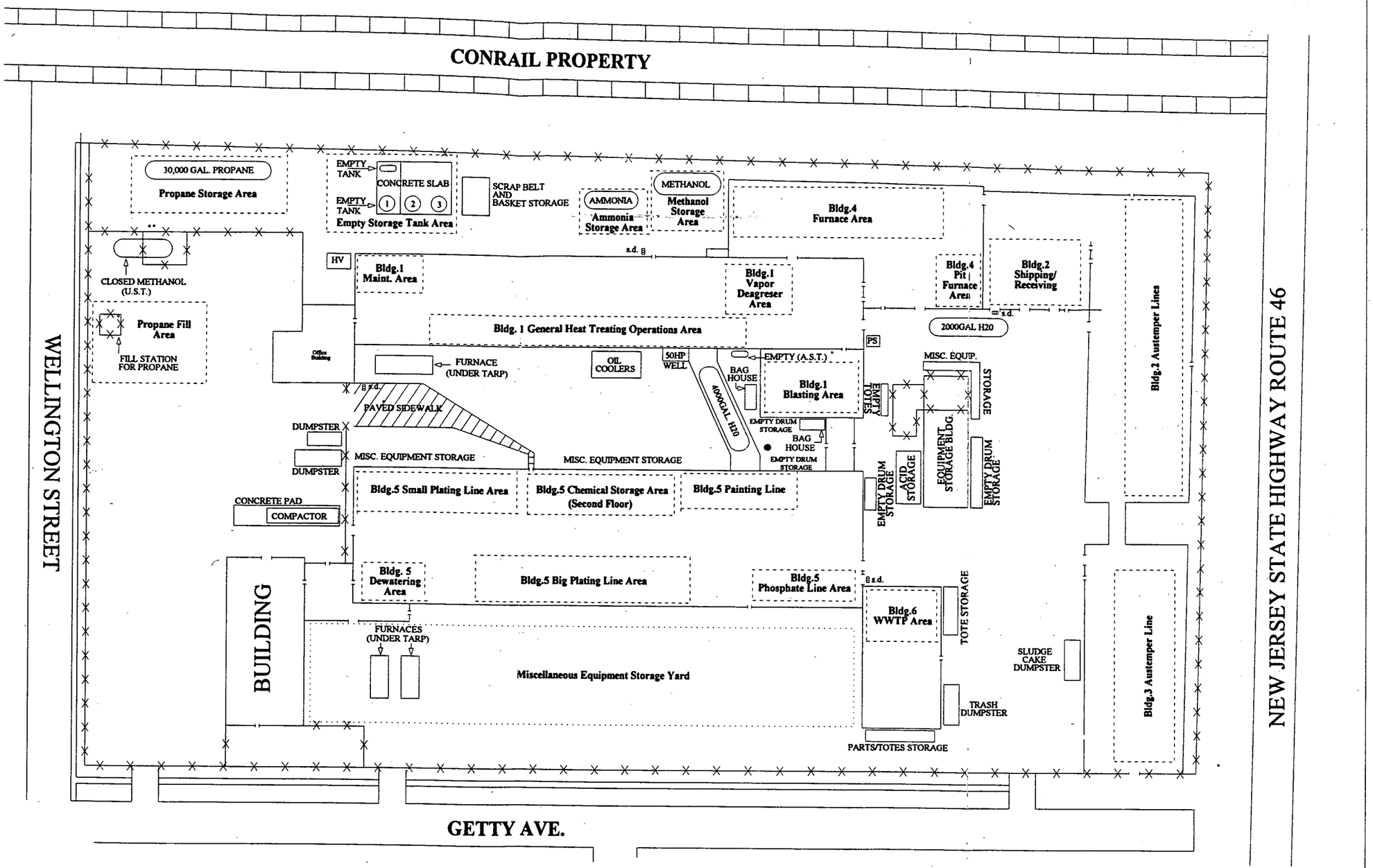
Local Administrative Authority- **Clifton Board of Health**

Source of Unapproved Water Supply- **Industrial Well**

Approved by the Authority of:
Michele Putnam, Director
Division of Water Supply

Vincent Monaco, Bureau Chief

* The word permit means approval, certification, registration etc.



Alfred Heller Heat Treating
Clifton, NJ

Title

Facility Site Map

JUNKINS ENGINEERING, INC. JE

Drawn By: D.R.J Date: 2/17/00Rev. 0

$40.00 – 3:30 PM

130.

Patrick Keeper 973 994 8812.